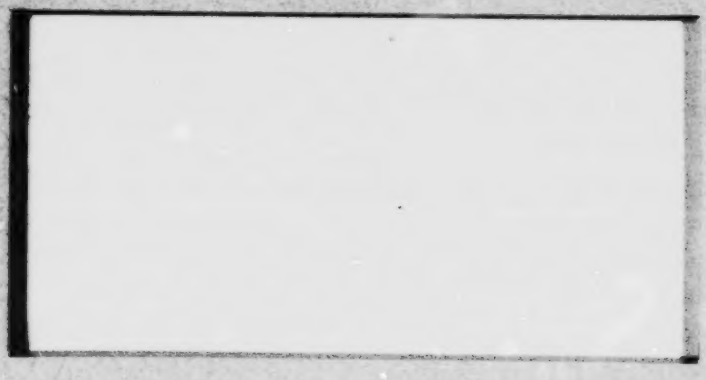

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of Hamilton and District

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A STUDY OF
HOUSING AND SUPPORT CARE
FOR THE PHYSICALLY DISABLED
IN HAMILTON-WENTWORTH

FINAL REPORT

May, 1986

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OF HAMILTON AND DISTRICT, 1986

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EXECUTIVE SUMMARY

INTRODUCTION:

In April 1985, the Social Planning and Research Council began a study of the housing and support care needs of the physically disabled in Hamilton-Wentworth.

To assist the research team, a Community Advisory Committee was established to oversee the development and implementation of the study. The Committee also held a number of meetings with representatives of local and Provincial Government housing agencies.

The recommendations in this report reflect information analyzed from both the three surveys administered during the study and meetings held with various housing agency representatives and government representatives.

BACKGROUND

The basic goals of the study were:

1. To determine the housing needs of physically disabled persons in Hamilton-Wentworth;
2. To determine the housing demands of physically disabled persons including the type of housing, costs, location and modifications required as well as the support services needed to sustain disabled persons in their housing;
3. To profile the demographic characteristics of a sample of the physically disabled population; and,
4. To identify important requirements and difficulties/problems of physically disabled persons when searching for housing in Hamilton-Wentworth.

For the purposes of the study, a physically disabled person was defined as:

A person with a medically identifiable disability that results in manipulation and/or mobility restrictions. The disability would be severe enough to require modifications to a housing unit to permit community living. The physically disabled person may need assistance from other persons with basic daily living activities such as eating, dressing, grooming and bathing. This definition included those with sensory disabilities (visually impaired and hearing impaired).

METHODOLOGY:

Three self-administered questionnaires were designed and implemented throughout the study:

1) a consumer (community) survey to determine the needs of physically disabled persons for housing and support care services;

2) an institutional survey to determine if certain disabled persons currently living in institutions could reside in the community with appropriate support;

and,

3) a key informant survey to determine the views of human service agency directors regarding the need for housing and support care for the physically disabled in Hamilton-Wentworth.

A literature review and examination of the current 'supply' of housing and support care services in the Region was also undertaken during the study.

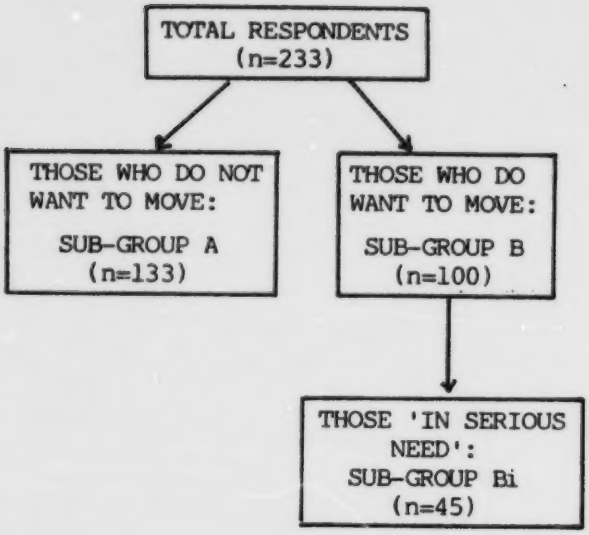
STUDY RESPONSE:

The following response was obtained from the questionnaires:

1) Consumer (Community) Survey -

233 returns (32 percent response)

It should be noted that the returns from this particular questionnaire were divided into three sub-groups as follows:



2) Institutional Survey -
20 returns

3) Key Informant Survey -
29 returns (66 percent response)

STUDY RESULTS:

i) Consumer (Community Survey)

The results of the survey of 233 physically disabled persons in the Region indicated the following:

DEMOGRAPHICS

- 71 percent were between the ages of 20 and 59 (21 percent were 60 years and older and 8 percent were under 20 years of age);
- the male to female ratio was 1:1;
- 38 percent lived by themselves (33 percent lived with one other person); and,

- 48 percent had monthly family incomes of less than $800 indicating that at least 48 percent live below the poverty line ($9723 annually for a 1-person household). Furthermore, 29 percent reported monthly family incomes of less than $600, placing them well below the poverty line.

This demographic profile was essentially the same for all three Sub-Groups except Sub-Group Bi ('Those in Serious Need'). This particular group was determined to be in great need of a subsidized housing unit and their demographic profile (compared to the Total Respondents) indicated that:

- 91 percent were between the ages of 20 and 59 (compared to 71 percent for all respondents);
- 64 percent lived alone and 13 percent lived with one other person (compared to 38 and 33 percent respectively for all respondents); and,
- 82 percent had monthly family incomes of less than $800 indicating that at least that many live below the poverty line (compared to only 48 percent of all respondents).

HOUSING AND SUPPORT CARE NEEDS

a) Those Who Do Not Want to Move: Sub-Group A (n=133)

Of the 133 respondents who did not want to move from their current accommodation, a large majority (72 percent) occupied dwellings that had little or no modifications. The data, however, indicated that over half of this group (53 percent) required, or could benefit from, a partially modified unit. It appeared that many people did not feel they required modifications that would be helpful; many were able to cope without changes and, thus, viewed the modifications as not necessary. Interestingly, 44 percent of this group indicated that they had not made modifications to their unit because they were too expensive.

b) Those Who Do Want to Move: Sub-Group B (n=100)

Half of those who wanted to move from their current dwelling indicated that they would require a two-bedroom unit. The data for this sub-group clearly indicated that many disabled persons did not have modifications to their units which they needed. Respondents indicated that their main reasons for not moving were: the need for financial assistance with rent (67 percent); the need for a wheelchair accessible dwelling (53 percent); and the need for financial assistance for support care (35 percent).

At least 21 percent of this sub-group, it was determined, would require extensive attendant care (at least 4.5 hours per day) if they were to move.

c) Those 'In Serious Need': Sub-Group Bi (n=45)

Of those disabled persons who wanted to move from their current accommodation, more than half (52 percent) were considered to be 'in serious need' of subsidized housing (i.e. 90 points or more). As was indicated, many more of this sub-group, compared to the Total Respondents, were living alone (64 percent) and poor (82 percent). While over 40 percent were already in subsidized housing, 36 percent were also on a waiting list for subsidized accommodation.

Two-thirds of this group required assistance with various housekeeping duties (compared to half of the Total Respondents). Furthermore, 22 percent required 4.5 hours or more per day of support care (and particularly between 10-12 noon and 12-6 a.m. when compared to all respondents).

ii) Institutional Survey

The results of the survey of 20 institutionalized disabled people (under 65 years of age) indicated that over 30 percent

each were living in an institution because of their need for help or for rehabilitation. Almost one-quarter of this group had applied for housing in the community and 80 percent said they would like to live outside the institution given appropriate housing and support care. A majority (75 percent) indicated a preference for either a modified house or apartment with support care services available. A number of disabled persons (44 percent) would require a life skills program to assist them in independent living. Most would require extensive modifications to their housing unit if they were to move (i.e. wheelchair accessibility for all features).

If those in institutions, and wanting to move, were able to live in the community, a majority would require nursing and physical therapy and assistance with toileting, dressing and washing/bathing. Half would require 4.5 hours or more per day of support care and almost all would need assistance in doing laundry, grocery shopping and home maintenance. The availability of 24-hour support care or private attendant care would have a definite impact on this group's ability to live independently in the community.

iii) Key Informant Survey

The results of the survey of 29 human service agency personnel indicated a large majority of service providers (86 percent) felt that the available housing options in the Region for physically disabled persons were not adequate. The shortage of accessible rental units was most commonly cited for this view. The lack of attendant care to support disabled persons who would like to live independently was also frequently mentioned by those who felt housing options were inadequate.

Almost 70 percent felt that the provision of support care services was inadequate. Reasons most commonly reported for this

view related to both the availability (quantity) of such services and the high cost. More than 80 percent agreed that some physically disabled individuals have the ability to live independently but are not given the opportunity to do so because housing and support care services are inadequate.

More than 60 percent of the respondents indicated a 'great need' for the following:

a) accessible dwellings with flexible hours of support care;

b) accessible dwellings;

c) central registry for locating accessible dwellings;

d) financial assistance for attendant care; and,

e) accessible public transportation.

RECOMMENDATIONS:

Based upon the results of the questionnaires administered during the study and information gathered throughout meetings with various local and government officials, the following recommendations are put forth:

1.(a) THAT A POINT-RATING SYSTEM AND WAITING LIST (SEPARATE FROM THE FAMILY SYSTEM) FOR PHYSICALLY DISABLED PEOPLE BE ESTABLISHED BY THE O.H.C. TO TAKE INTO CONSIDERATION THEIR SPECIAL HOUSING NEEDS.

AND;

1.(b) THAT THE S.P.R.C., IN CONSULTATION WITH DISABLED CONSUMERS AND OTHER AFFECTED BODIES, PURSUE CHANGES TO THE POINT-RATING SYSTEM BY APPROACHING THE O.H.C.

2.(a) THAT, IN ORDER TO BETTER REFLECT THE CONCERNS AND NEEDS OF PHYSICALLY DISABLED INDIVIDUALS IN THE COMMUNITY AND IN INSTITUTIONS, THE APPROPRIATE CHANGES TO THE COMMUNITY NEEDS HOUSING SURVEY FORM BE MADE BY THE O.H.C. IN CONSULTATION WITH THE S.P.R.C. AND OTHER INTERESTED COMMUNITY ORGANIZATIONS.

AND FURTHER;

2.(b) THAT REGIONAL COUNCIL REQUEST THE O.H.C. TO CONDUCT THE REVISED COMMUNITY NEEDS HOUSING SURVEY AND WAITING LIST ANALYSIS TO ASSESS THE EXTENT OF NEED AND BEDROOM MIX FOR ACCESSIBLE, AFFORDABLE HOUSING UNITS FOR PHYSICALLY DISABLED PERSONS IN THE REGION OF HAMILTON-WENTWORTH.

3.(a) THAT ACCESSIBLE/BARRIER FREE DESIGN UNITS BE ACQUIRED/CONSTRUCTED UNDER THE PRIVATE NON-PROFIT, CO-OPERATIVE AND MUNICIPAL NON-PROFIT HOUSING PROGRAMS TO MEET THE NEED INDICATED BY THE RESULTS OF RECOMMENDATION NO. 2(b).

AND;

3.(b) THAT ALL OF THESE UNITS BE MADE AVAILABLE ON A RENT-GEARED-TO-INCOME BASIS.

4. THAT THE MAJORITY OF THE ADDITIONAL ACCESSIBLE UNITS THAT ARE ACQUIRED/CONSTRUCTED BE THE APPROPRIATE MIX OF LARGE ONE-BEDROOM OR TWO-BEDROOM UNITS (AS INDICATED BY THE RESULTS OF RECOMMENDATION 2b) TO ACCOMMODATE ONE OR TWO-PERSON SIZE HOUSEHOLDS.

5. THAT ALL NON-PROFIT HOUSING CORPORATIONS BE REQUIRED TO ADHERE TO THE C.M.H.C. 5 PERCENT MINIMUM POLICY FOR ACCESSIBLE UNITS UNTIL SUCH TIME AS IT IS CLEARLY DEMONSTRATED THAT THE SUPPLY OF ACCESSIBLE HOUSING HAS REACHED AN ADEQUATE LEVEL IN HAMILTON-WENTWORTH AS INDICATED BY THE RESULTS OF RECOMMENDATION 2(b).

6.(a) THAT THE C.M.H.C. UPGRADE THEIR MINIMUM BUILDING SPECIFICATIONS FOR ACCESSIBLE UNITS FOR PHYSICALLY DISABLED PERSONS.

AND;

6.(b) THAT THE BARRIER FREE DESIGN CENTRE IN TORONTO AND OCCUPATIONAL THERAPISTS BE CONSULTED IN THE UPGRADING PROCESS.

7. THAT REGIONAL COUNCIL, THROUGH THE REGIONAL ADVISORY COMMITTEE FOR THE PHYSICALLY DISABLED, REVIEW ALL OF THE HOUSING REHABILITATION PROGRAMS WITH THE AIM OF: 1) DEVELOPING A CONSOLIDATED INVENTORY OF THE VARIOUS PROGRAMS; AND 2) ASSURING THAT THE PROGRAMS ARE MEETING THE NEEDS OF PHYSICALLY DISABLED PERSONS IN THE COMMUNITY.

8. THAT THE S.P.R.C. AND REGIONAL COUNCIL APPROACH THE O.H.C. TO PERMIT DISABLED PEOPLE TO HAVE LIVE-IN ATTENDANTS.

9.(a) THAT FUNDING BE GRANTED BY THE ONTARIO MINISTRY OF COMMUNITY AND SOCIAL SERVICES TO DEVELOP AND IMPLEMENT LOCAL OUTREACH ATTENDANT CARE PROGRAM(S).

AND;

9.(b) THAT THE ONTARIO MINISTRY OF COMMUNITY AND SOCIAL SERVICES EXPAND ITS SERVICE DEFINITION OF THE ATTENDANT CARE PROGRAM TO INCLUDE HOUSEKEEPING ACTIVITIES.

10. THAT THE ONTARIO MINISTRY OF COMMUNITY AND SOCIAL SERVICES PROVIDE ADDITIONAL FUNDING FOR A SECOND INDEPENDENT LIVING PROJECT THAT PROVIDES 24-HOUR ON-SITE ATTENDANT CARE IN THE HAMILTON-WENTWORTH REGION.

11. THAT REGIONAL COUNCIL, THROUGH THE REGIONAL ADVISORY COMMITTEE FOR THE PHYSICALLY DISABLED, INVESTIGATE THE DEVELOPMENT OF A TRANSITIONAL PROGRAM TO TEACH INDEPENDENT LIVING SKILLS TO PHYSICALLY DISABLED ADOLESCENTS AND ADULTS WHO REQUIRE TRAINING BEFORE MOVING TO MORE INDEPENDENT SETTINGS.

12. THAT THE S.P.R.C. REQUEST THE DISTRICT HEALTH COUNCIL TO TAKE IMMEDIATE ACTION BASED UPON THE RESULTS OF RECOMMENDATION NO. 10 OF THE LONG TERM CARE TASK FORCE REPORT (FEBRUARY 1982) REGARDING NON-ELDERLY EXTENDED CARE.

13. THAT THE RESOURCE CENTRE FOR THE PHYSICALLY DISABLED AT THE MAIN BRANCH OF THE HAMILTON PUBLIC LIBRARY TAKE ON THE RESPONSIBILITY OF FURTHER COLLECTING, PROVIDING AND PUBLICIZING INFORMATION ON DISABLED HOUSING PROGRAMS, FUNDING SOURCES FOR MODIFICATIONS AND AVAILABLE SUPPORT SERVICES FOR PHYSICALLY DISABLED PERSONS.

1. INTRODUCTION

1.1 BACKGROUND OF THE STUDY

In mid-1984, the Regional Advisory Committee for the Regional Advisory Committee for the Physically Disabled* identified housing needs as an issue of concern for the Hamilton-Wentworth Region. The Committee felt that there was a need for more:

1. accessible housing in the Region for physically disabled people;
2. housing with an attendant care program;
3. assisted/subsidized units; and
4. information on housing and support care resources.

The Social Planning and Research Council in October of 1984 was approached to consider the sponsorship of a study which would attempt to address these issues related to housing for physically disabled persons. The Board of Directors of the Council agreed to sponsor the study and seek funding for the research.

A proposal was submitted to the Employment and Development Branch for a Canada Works Grant. The project was approved; work began on April 1, 1985 and ended on December 13, 1985. Research was conducted by two project staff workers under the direction and guidance of the Research Director of the Social Planning and Research Council and members of a Housing and Disabled Persons Advisory Committee.

1.2 NATURE AND SCOPE OF THE STUDY

The overall goals of the research were:-

1. to determine the housing needs of physically disabled people in the Hamilton-Wentworth Region;

---

*A group of agency representatives and concerned citizens appointed by Regional Council.

2. to determine the housing demands of physically disabled people in the Hamilton-Wentworth Region. This includes the type of housing, cost, location and modifications required as well as support services needed to sustain the person in the housing;

3. to determine the demographic characteristics of a sample of the physically disabled population, and

4. to identify important items and difficulties/ problems of physically disabled persons when they are looking for housing.

1.3 DEFINITIONS

The specific focii of the study were the need and demand of physically disabled people for housing and support care.

"Need" refers to the number of persons/households who currently are not suitably housed. These people or households are not satisfied with their housing situation for a variety of reasons including cost, accessibility, location, etc. (C.M.H.C., January, 1982, pg. 46).

"Demand" refers to an identification of the type of housing, the location, cost considerations and necessary modifications for accessibility that the potential user requires. It also includes a description of the internal and external support care services required by the potential user (C.M.H.C., 1982, pg. 46).

"Support care" refers to those services needed because of the individual's inability to perform certain activities; for example, meal preparation, personal and hygiene care and housekeeping. For the purposes of the study, support care services are defined as including nursing care, non-medical attendant care, homemaking and home maintenance.

There were no age limits for the community survey. Children were included because of the focus on housing needs. As children grow and become heavier to transfer or require a wheelchair, their mobility problems may determine a need for housing modifications. The decision to include those over the age of 65 came about because it was felt that seniors who are disabled should have the choice of an accessible apartment as well as a seniors' residence or institution.

The study was further focused on those whose disability is physical in origin and creates physical limitations. For the purposes of this study, a physically disabled person was defined as:-

> A person with a medically identifiable disability that results in manipulation and/or mobility restrictions. The disability would be severe enough to require modifications to a housing unit to permit community living. The physically disabled person may need assistance from other persons with basic daily living activities such as eating, dressing, grooming and bathing. This definition includes those with sensory disabilities (visually impaired and hearing impaired).

The study was also focused in the Hamilton-Wentworth Region. This definition of a physically disabled person and the location focus eliminated many disabled people from the study.

Physical disabilities are only one component of the spectrum of disability. There is a large group who suffer from mental illness. Developmental disabilities of which mental retardation is the largest condition, afflict another large group. These people are briefly considered in several sections of the report because they were specifically mentioned by key informants involved in the study. All of those that were considered also have a physical disability.

1.4 SPECIFIC METHODOLOGICAL GOALS OF THE STUDY

The specific methodological goals of the study were:

1. To review the literature for information on housing physically disabled people; to examine recent housing studies undertaken by other municipalities, and to review governments on housing for physically disabled persons.

2. To develop and administer a questionnaire to survey physically disabled persons about their needs and demands for housing and support care services.

3. To seek the advice and perspectives of knowledgeable agency personnel with respect to housing needs and support care services.

4. To document the existing financially-assisted rental housing inventory and the level of accessibility of units for disabled persons in this Region.

5. To analyze the above information to form recommendations for housing physically disabled persons in the Hamilton-Wentworth Region.

1.5 REVIEW OF RELATED LITERATURE

The major themes in the literature that were reviewed during the initial stages of the study included the issues of affordable housing, the accessibility of housing, personal support services, integration and independence and a continuum of housing options for physically disabled people.

In reviewing the literature, the outstanding factor about all of these issues is their interdependence; for example, with respect to affordability and accessibility.

> "Regardless of how physically accessible the interior and exterior environments are, without an adequate disposable income, disabled persons will continue to be restricted in their lifestyles." (Besruky, February, 1982:79)

This interdependence also relates to personal support services:

> "Some community-based housing for the disabled is now being provided, but without appropriate community and personal support services for the disabled, independent living will remain a dream for many of them." (Associated Planning Consultants Inc.)

One fairly constant theme in the literature and, in fact, a basic philosophy of community housing and support services are the elements of integration and independence for physically disabled persons. Jonathan P. Gunn in his "Housing for the Disabled in Manitoba" study discusses these elements and their ultimate interdependence with housing and support services:

> "The major themes concerning disabled housing which can be drawn from the literature review are that normalization is the dominant goal, with its two key elements being integration and independence, and that, in order to meet this goal, there is the need for a continuum of housing modes, for accessible and adequate housing, for proper support services and for a breaking down of attitudinal barriers in the community to normalization." (December 1982:17).

A continuum of housing options is needed because of the variety and degrees of disabilities. Medicus Canada, in their report for C.M.H.C. in July of 1982:62, states that:

> "Realistically speaking, the housing requirements of the disabled run along a continuum from totally independent living to totally dependent living. In this sense, the issue is not so much of a particular need for a particular type of space - since almost any housing unit can be adapted to suite more or less adequately the requirements of a disabled occupant - but of the kind and level of services the occupant requires in order to live in that space."

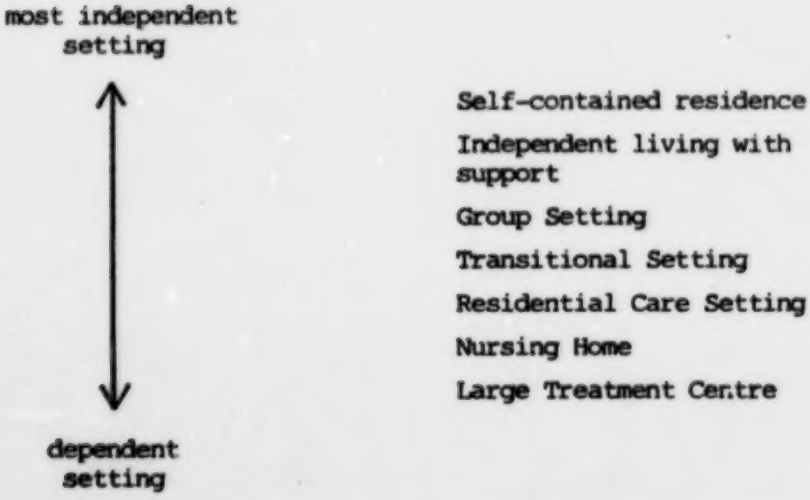
The report also describes five major categories of housing:

1. Indpendent housing that is free from external supervision.
2. Semi-independent housing which incorporates the provision of care on a structured basis.
3. Dependent housing with continuing care on a 24-hour daily basis.
4. Transitional facilities to assist the disabled person to move from one type of living accommodation to a more independent one, and
5. Respite Care Facilities that provide short-term accommodation.

The continuum of housing categories is illustrated in Figure 1. This figure has been based on the continuum of housing options described by Gunn (1982:103) in the Housing Provision in Manitoba study.

FIGURE 1

CONTINUUM OF HOUSING OPTIONS



In addition to reviewing recent literature on the topic of housing for physically disabled people, letters were sent to eleven municipalities, requesting copies of any studies that had been conducted in the area.

1.6 REVIEW OF STUDIES FROM OTHER MUNICIPALITIES

Five municipalities replied to our request. (See Appendix A for a copy of the letter and see Appendix B for the list of municipalities.)

Two studies from the Region of Waterloo were quite informative and a report by the Ottawa-Carleton Regional District Health Council was very extensive. The first report from Waterloo is a draft report (for discussion only) based on two other studies - the Ontario Ministry of Health study, 1982, and a study by C.M.H.C. in 1983. From these studies, staff were able to estimate a number of factors about the physically disabled people in the Waterloo Region. The report does not provide a precise measurement of housing needs of pnysically disabled people in the Region but it does give a general indication of the need for accessible housing and support services.

This study was followed by a survey of housing and attendant care needs for the physically handicapped conducted by the Waterloo Regional Social Resources Council in 1984. The major issues addressed in the study were:

1) accessibility of housing;

2) availability of support services; and the

3) affordability of both.

They identified the need for a range of housing types from independent living settings to dependent or complete care residences.

The Ottawa-Carleton report from the District Health Council is a comprehensive report on "The Accommodation and Support Care Needs of the Severely Physically Disabled Aged 0-64 in Ottawa Carleton", June 1984. This report involved five field surveys:

1. Survey of severely physically disabled adults in institutions.
2. Survey of severely physically disabled children in institutions.
3. Survey of physically disabled adults living in the community.
4. Survey of physically disabled children and adolescents living in the community.
5. Survey of key informants.

The Ottawa-Carleton research indicated a need for more community residential options for both children and adults over a period of ten years. The recommendations of the report were based on the belief that maintaining the disabled in the home and community is of prime importance:

> "First, every effort should be made to provide support care in the home so that institutionalization is prevented or delayed as long as possible. Second, for those for whom family care is no longer viable or who would prefer to be on their own, the preferred option should be community alternatives in small, normalized settings. Third, the supply of community services and options should be increased sufficiently so that those currently in institutions who want a community alternative are given this choice." (p.11)

The "London Housing Statement" by Peter Barnard Associates, November, 1981, includes a chapter on: "Housing the Physically Handicapped". The information is a review of studies that have been done, consultations with doctors, health care agencies and program administrators. The chapter summarizes the problems with housing for physically handicapped people in London as follows:

1. The supply of housing is low and there are long waiting lists and low vacancy rates.
2. Problems exist with the housing mix. There is little long-term non-institutional accommodation even though the need has been identified. Also, there is an absence of short-term accessible emergency or respite housing.
3. The majority of physically handicapped people cannot afford non-assisted housing.
4. There is very little data to base planning decisions on.
5. There is a heightened demand for integrated housing and independent living due to "awareness campaigns" of community groups and the International Year for Disabled Persons.

It must be noted that this statement is from 1981 and may not reflect the housing situation in London at present.

The City of Barrie conducted a survey in 1981 to determine the housing needs of the physically disabled. The vast majority of residents (87.5%) clearly required a unit equipped with modifications, and most said that they would be unable to afford market rents.

The City of Thunder Bay updated their Housing Policy Statement in 1982 and 1983. They conducted an Assisted Housing Needs Survey and a survey of special needs agencies or groups as well as a waiting list analysis. From this, it was found that:

- the Handicapped Action Group Inc. that administers 24 units has a waiting list for ten more specially equipped units.
- in 1981, the Lakehead Social Planning Council determined from a sample agency survey that there were at least ninety physically handicapped persons who were inappropriately housed.

- the waiting list analysis of the local Housing Authority indicated that there was no need for rent-geared-to-income units for disabled persons in 1983.

The information in these reports and the findings of their research generally support the major themes in the literature. Both the Waterloo study and the Ottawa-Carleton report discuss the need for a range of housing types from independent living settings to dependent ones. Accessibility and affordability are important concerns in the London, Barrie and Thunder Bay reports.

In Hamilton-Wentworth, the Planning and Development Department produced a Regional Housing Statement Update in February of 1982. While the focus of the assisted housing component of the study related to families, some mention of the situation facing disabled persons was made.

Specifically, the report indicates that:

> "Progress has been made in the provision of modified assisted units for the handicapped. New units have been built in the last few years and more units are committed. These new units and more are required for the handicapped." (p.50)

1.7 ORGANIZATION OF THE REPORT

The text of the report consists of five major sections.

Current Housing Supply

This section describes the inventory of assisted housing for physically disabled people in the Hamilton-Wentworth Region. It describes the various housing programs and provides information about the administration and management of the programs. It also describes the various

support services available to physically disabled people in the community.

Community Survey

This section is divided into four sections:

- Total Respondents Analysis
- Those Who Do Not Want to Move - Sub-group A
- Those Who Do Want to Move - Sub-group B
- Those in "Serious Need" - Sub-group Bi

Institution Survey

This section describes the results of the institution questionnaire.

Key Informant Survey

This section reviews the results of the key informant questionnaire.

Discussion and Recommendations

This section discusses the results and puts forward recommendations to meet the accommodation and support care needs of the physically disabled people in the Region of Hamilton-Wentworth.

2. METHODOLOGY

2.1 QUESTIONNAIRE DEVELOPMENT

A survey of the housing and support care requirements of physically disabled persons in the Hamilton-Wentworth Region was conducted using a self-administered questionnaire format. Three questionnaires were developed: one to survey physically disabled persons living in the community, one to survey physically disabled persons living in institutions, and one to obtain the perspective of 'key informants'.

The questionnaires were developed by project staff with input from the Research Advisory Committee of the Social Planning and Research Council and the Housing and Disabled Persons Advisory Committee. (See Appendix C and D for copies of the questionnaires).

The questionnaires were pretested through the United Disabled Consumers group (U.D.C.), Blind Organization of Ontario with Self Help Tactics (BOOST), Chedoke Hospital and the Ontario March of Dimes. Suggested changes were discussed and incorporated into the final design of the questionnaires. The questionnaires were designed to obtain information from the respondents on: current living situation, housing preferences, support care requirements and demographics.

2.2 COMMUNITY SAMPLE

The target population of the survey consisted of physically disabled persons in the Hamilton-Wentworth Region who have a disability that results in mobility restrictions and who require modifications to their housing units.

Due to the lack of available data* as well as other constraints, a survey of the total physically disabled population was beyond the scope of this study. Since only a sample of the disabled population could be included in the survey, the decision was made to direct the survey at a specific portion of the disabled population.

Since there is no complete demographic profile (i.e. census) available of physically disabled persons in the Hamilton-Wentworth Region, an alternative method for locating respondents for the survey had to be devised. A comprehensive list was compiled of all the agencies and services in Hamilton-Wentworth that would have client/membership lists of physically disabled persons. Using this method to locate potential respondents, a number of limitations were imposed.

2.2.1 Limitations

One of the major limitations of the survey methodology is the fact that there are many physically disabled persons who are not participating members of any agency, and thus would not be identified through client/membership lists. This, therefore, biased the sample.

Some individuals may have been on more than one membership list which could have resulted in duplicate mailings. Specific instructions were, therefore, written on the questionnaire directing respondents to return only one questionnaire if more than one had been received.

Most agencies were unable to provide listings of names and addresses due to the confidential nature of their

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*There is no Census information specifically about physically disabled people therefore a random sample of all physically disabled persons in Hamilton-Wentworth was not possible.

client/membership lists. It was necessary, therefore, to devise the following method of questionnaire distribution: representatives of the agencies were contacted first by mail (see Appendix E for copy of letter) and then by telephone to explain the purposes and procedures of the study.

After assessing the size and nature of the client/membership lists of the various agencies, it was decided how many questionnaires would be forwarded through each particular agency. In early to mid-July, packaged questionnaires were distributed to the agencies who then put address labels on them and mailed them out or distributed them from their offices. (See Appendix F for the list of agencies and services that participated in the research.)

2.2.2 Press Release

In addition to contacting physically disabled persons through various agencies, there was a general press release in early August, 1985. (See Appendix G for copy of press release.) Through the Hamilton Spectator, Cable 4, CKOC, CHML, CKDS, physically disabled persons who had not yet received a questionnaire and were interested in participating in the study, were urged to contact the Social Planning and Research Council.

2.3 INSTITUTION SAMPLE

Another important component of the study was the sample of physically disabled persons living in institutions. This sample was limited to those under the age of 65 with the desire and capability to live in the community, provided that adequate, affordable housing and support care services were available.

In order to contact these individuals, letters were sent to Chedoke Continuing Care Centre and Rehabilitation Unit, Participation House and selected nursing homes* in the Region. See Appendix H for list of nursing homes and Appendix I for the copy of the letter to nursing homes. Calls were then made to these institutions to determine the number of residents who fit the above description.

Although the number of physically disabled persons residing in institutions was found to be quite large, only a small number of individuals fit the outlined description and, thus, were given a self-administered questionnaire. Many of those in institutions were residents of another region, were over age 65, or were in institutional settings due to medical necessity and did not have the capability of living in the community.

2.4 KEY INFORMANT PERSPECTIVE

In addition to obtaining information from physically disabled persons living in the community and in institutions, the perspective of agencies that are involved with, or provide service to disabled people was also sought. A questionnaire was sent, along with a covering letter, to representatives of the agencies that participated in the community survey. The key informant questionnaire consisted mainly of open-ended questions pertaining to the agency perspective of housing options and support care services for physically disabled persons. (See Appendix J for copy of Key Informant Questionnaire.)

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*The Placement Co-ordination Service was contacted to obtain a list of Nursing/Lodging Homes that may have been housing people under the age of 65. All of the Nursing Homes in the Region were not contacted because of time and financial limitations.

3. CURRENT ASSISTED HOUSING SUPPLY FOR THE PHYSICALLY DISABLED PEOPLE IN HAMILTON-WENTWORTH

3.1 INTRODUCTION

Information about the supply of assisted housing for physically disabled people came from the Region of Hamilton-Wentworth and directly from housing programs. First, detailed information about the type of units, the modifications and classifications came from the "Register of Accessible Rental Housing for the Physically Disabled - Regional Municipality of Hamilton-Wentworth, 1985". Second, information about the total number of units in the Region was also obtained from the Region. Finally, housing programs were contacted directly in order to obtain up-to-date information about the current accessible housing supply, vacancies and waiting lists.

3.2 TYPE OF DWELLINGS IN THE ASSISTED ACCESSIBLE HOUSING SUPPLY

There are a total of 140 units that have been designated for use by physically disabled people. Of these units, 115 were classified according to their accessibility in the Register of Accessible Rental Housing for the Physically Disabled. Twenty-five of the units had not yet been classified. These were identified by checking the total number of units listed by the Region and by calling the housing programs to get up-to-date information.*

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*The Register of Accessible Housing actually classified 88 units. However, in some cases, it was known that the number of units in some of the Housing Programs was greater than the number listed in the Register. Therefore, the Housing Programs were called to determine the number of units, the number of bedrooms and classification of those units. Thus, the number of units that were classified was 115.

NOTE: The designation of units often changes from one month to another due to new buildings or occupant turnover. Therefore, these numbers will change. Also as more units are classified, they will be added to the Registry of Accessible Housing.

Of the total 140 units, 102 are apartments in senior citizen buildings. There are a total of 30 townhouses designated for use by physically disabled people. Some are one-level and some are two-levels. Eight units are single family homes (Table 3.2).

TABLE 3.2: TYPE OF DWELLINGS IN ASSISTED ACCESSIBLE HOUSING SUPPLY

Type of Dwelling	Number
Single Family Home	8
Apartment - in seniors' building	77
- in other buildings	25
Townhouse - one-level	14
- two-level	2
- No. of levels unknown	14
Total	140

3.2.1 Number of Bedrooms

Most of the designated units are one-bedroom in size (59). There are 21 two-bedroom units. Ten units operated by Victoria Park Community Homes are apartments that are two-bedroom units modified to one-bedroom with the extra space for wheelchair turning and wheel-in showers. Another ten of these units are two-bedroom apartments that have been modified from a three-bedroom unit again to provide extra space and modifications. There are twelve three-bedroom units and three four-bedroom units. Information is not available on the remaining twenty-five units.

TABLE 3.2.1: NUMBER OF BEDROOMS

Number of Bedrooms	Number
One	59
One modified from two	10
Two	21
Two modified from three	10
Three	12
Four	3
No. of bedrooms unknown	25
Total	140

3.2.2 Classification of Units

A total of 115 units have been surveyed in detail and are classified in terms of their suitability to specific disabilities. The Register of Accessible Housing consists of a detailed survey of all accessible features for each unit, as well as a summary sheet with major accessible features identified. (See Appendix K for the summary sheet)

The following classification scale has been established to define the general degree of accessibility of the units in the Register:

Type 0 - The unit itself and/or all the rooms are not accessible to wheelchairs due to stairs, narrow doors, steep ramps and other barriers. The unit is most suitable for the walking disabled.

Type 1 - The units and all rooms are wheelchair accessible due to good access to building, elevators, wide doors and ramps no greater than 8% slope. In addition, the unit contains height modified electrical switches. This includes people with respiratory disease, heart disease and severe chronic pain, back and joints.

Type 2 - This unit is wheelchair accessible and has minimal changes to the bathroom such as toilet and tub grab bars and an opening under the sink. This unit is most suitable for those who require walking aids, such as leg braces, canes, walkers and the occasional wheelchair user.

Type 3 - The unit contains all the accessible features of a Type 2 unit plus having minimal modifications to the kitchen such as a 5' turning radius for wheelchairs and an opening under the sink. This unit is most suitable for persons who are wheelchair dependent with normal to strong upper extremities. This would include someone with paraplegia. However, this disabled tenant may rely on someone else to do the cooking.

Type 4 - The unit has all the accessible features of a Type 2 unit plus:

- wheel-in shower
- modified water taps
- lowered mirror
- may have a large toilet

This unit is most suitable for a wheelchair dependent person with weak upper extremities who cannot use a bathtub even with assistance.

e.g. quadriplegia due to spinal cord injury, multiple sclerosis, muscular dystropy or severe stroke. These tenants rely on others to do the housework and cooking.

Type 4B - The unit has all the accessible features of a Type 3 unit plus:

- modified taps in the kitchen
- extra floor to ceiling shelves, lowered top cupboards and lower counter
- counter-top stoves
- side opening oven or microwave oven

This unit is most suitable for a disabled homemaker who is able to work from a wheelchair.

Type 5 - The unit is fully modified, having all the accessible features of Types 1, 4A and 4B units. This unit is most suitable for any disabled homemaker who works from a wheelchair but who has weaker than normal upper extremities. (Hamilton-Wentworth, 1985:1,2,3)

Of the 115 units that were classified in the Register, three are Type 0 units and thirteen are Type 1 units. Fifteen were classified as Type 2 units and thirty-nine were Type 3. Fifteen units were Type 4A and only one unit is a 4B classification. Twenty-nine were classified as Type 5 units. Twenty-five units have not been inventoried (Table 3.2.2).

TABLE 3.2.2: CLASSIFICATION OF UNITS

Classification	Number
Type 0	3
Type 1	13
Type 2	15
Type 3	39
Type 4A	15
Type 4B	1
Type 5	29
Unclassified	25
Total	140

3.2.3 Location of Units

Most of the units are located in Hamilton - 123 out of 140. Of these, thirty-eight are in the downtown area, and twenty-four are located in the North End.

Twenty are located on the East Mountain, 17 are in the West End and 16 are on the West Mountain. There are 8 in the East End of the City.

Thirteen units are in Stoney Creek, one is in Glanbrook, one is in Flamborough and two are in Ancaster (Table 3.2.3).

TABLE 3.2.3: LOCATION OF UNITS

Area	Number
Ancaster	2
Dundas	-
Flamborough	1
Glanbrook	1
Stoney Creek	13
Hamilton - Downtown	38
- East End	8
- West End	17
- North End	24
- East Mountain	20
- West Mountain	16
Total	140

3.3 PUBLIC HOUSING PROGRAMS

Each housing program will be described in terms of its administration, management, inventory and tenant selection (eligibility criteria). Also, the inventory will be broken down to indicate the classification of units and if they are for families or in senior citizen buildings. The information about the housing programs is from the Social Planning and Research Council's "Report from the Task Force on Assisted Housing", 1982.

3.3.1 Public Housing Assistance

Administration:

The Ontario Housing Corporation is responsible for this program since they own and maintain operational control over the housing units.

Management:

The Hamilton-Wentworth Housing Authority manages the housing stock on behalf of the Ontario Housing Corporation by conducting regular maintenance and property upgrading operations as part of their responsibilities.

Inventory:

There are a total of twenty-one units for physically disabled people, including three units which operate under the rent supplement program. Of these units, eight are for families. Three of the family units are classified according to the Register of Accessible Housing as Type 0. Two units are Type 1, and two units are Type 2. Only one unit is a Type 4A.

Sixteen of the units are in senior citizen buildings. Of these, ten are classified as a Type 2 and six are Type 3. (Table 3.3)

Tenant Selection - Family:

a) Families must contain at least one dependent child and consist of either couples both of whom must be aged 18 years or older or single parents aged 18 years or older.

b) A dependent child is a person under 18 years of age. Those attending post-secondary learning institutions on a full-time basis and living at home are considered dependents, even if they are over 18 years of age.

c) Disabled individuals may be eligible for accommodation provided that they have a medically documented long-term disability that limits their work capacity and earning potential, and that they are able to cope on their own.

Tenant Selection - Disabled Persons:

Persons under the age of 60 who have a medically documented long-term disability which limits their ability to work on their earning potential are also eligible to apply for subsidized housing providing they are able to cope on their own. Couples without dependent children are also eligible if one spouse is physically handicapped.

Point-rating:

Applicants are placed on a waiting list and point-rated according to their "need" for assisted housing. Physically disabled persons are point-rated under the family system* There is not a separate point-rating system for the disabled. The only way a disabled person can get additional points for their disability is if they have a health condition which is aggravated by their current housing. A disabled person may receive five points for an inadequate kitchen if the person is a homemaker or is single and cannot make use of the present kitchen without difficulty. Also, a disabled person may receive five points for an inadequate bathroom. An inaccessible unit (i.e. no ramps) would receive five points under the "other inadequacies" category.

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*For a detailed account of the point-rating system, see section 7.1, pg.68

3.4 PRIVATE SECTOR PROGRAMS

3.4.1 Private Non-Profit Housing Program

Administration:

The Canada Mortgage and Housing Corporation is responsible for providing assistance under this program.

Management:

Non-government, private non-profit corporations operate the units (referred to as the sponsoring group).

Inventory:

A total of ninety-five units are designated as units for physically disabled people. Of these, thirty-five are family units. One unit has been classified as a Type 1 unit and ten have been classified as Type 4A units. Twenty are Type 5 units and four are not classified.

Sixty are units in senior citizen buildings. Of these, thirty-three are classified as Type 3 units. Ten are classified as Type 1 units, three are Type 2, one is a Type 4A and one is a Type 4B unit. Twelve units are not classified. (Table 3.3)

Tenant Selection:

The sponsoring group is given the task of selecting tenants but the actual process varies as set out in the operating agreement with the Canada Mortgage and Housing Corporation. A waiting list and priorizing of applicants is frequently used in the selection process.

3.4.2 Co-operative Housing Program

Administration:

The Canada Mortgage and Housing Corporation is responsible for providing assistance under this program.

Management:

Co-operatives are managed entirely by groups of people who have been incorporated as non-profit housing co-operatives under provincial law. Co-operative members can actively participate in the operation of the project by doing their own maintenance and bookkeeping to reduce their operating costs and, consequently, to keep their rents down.

Inventory:

There are fifteen co-operative units that are designed for physically disabled people. Nine of these units are classified as Type 5 units or fully modified for wheelchair use. Three units are classified as Type 4A and three units have not been classified. (Table 3.3)

Tenant Selection:

The Board of Directors of the co-operative are responsible for the selection of potential tenants but the actual selection process varies depending upon the type of agreement made with the Canada Mortgage and Housing Corporation. A waiting list and priorizing of tenants are likely methods of unit allocation.

TABLE 3.3: CATEGORY AND CLASSIFICATION OF UNITS FOR PHYSICALLY DISABLED PEOPLE ACCORDING TO HOUSING PROGRAMS

Housing Program	Category (senior/family)	Classification
Ontario Housing Corporation	8 family units	3 Type 0
		2 Type 1
		2 Type 2
		1 Type 4A
	16 senior units	10 Type 2
		6 Type 3
Co-operatives	15 family units	3 Type 4A
		9 Type 5
		3 unclassified
Private Non-profits	40 family units	1 Type 1
		10 Type 4A
		20 Type 5
		9 unclassified
	60 senior units	10 Type 1
		3 Type 2
		33 Type 3
		1 Type 4A
		1 Type 4B
		12 unclassified
Municipal Non-profit	1 senior unit	1 unclassified
Sub-total	63 family units	
	77 senior units	
Total	140 units	

3.5 VACANCIES AND WAITING LISTS

Some of the housing agencies/sponsors were called to determine if there were any vacancies and if there were any disabled people on a waiting list.

Twenty Emerald North - An Independent Living Project of the March of Dimes located in St. John's Place. This is a housing complex of the Sons of Italy Foundation, a Private Non-Profit Corporation. When called in October, 1985, this project had no vacancies and they had six people on a waiting list.

Victoria Park Community Homes - This Private Non-Profit Project reported no vacancies and fifteen disabled people on the waiting list.

Co-operative Housing Corporations - Six Co-op's in the Region were called and there were no vacancies. Stonechurch Co-op had two people on their waiting list. Also, Westhill Co-op reported that they will be opening in the spring of 1986, and they have two townhouse units for physically disabled people that have already been filled.

Public Housing Assistance - The Hamilton-Wentworth Housing Authority keeps a record of the number of disabled people who have applied for housing and their point-ratings in their "Priority List Data Sheet". Part of the priority list data includes a scale of point-ratings. It indicates how many people on the list are in each point-rating range from 0-29, 30-59, 60-89, 90-119 and 120+ points. Higher points indicate a more serious need. For the purposes of this study, 90+ points is considered to be "serious need". Figure 2 summarizes the priority list data

sheets for May, June, July and August, 1985. For each month, the total number of families and disabled that were pointed are given along with the number and percentage in serious need for each category. The number of new applications by disabled people and the number of cancellations are also included. Finally, Figure 2 lists the total number of disabled people on the list for each month. In August, there were 95 disabled people on the priority list data sheet. Forty-seven of these were pointed and, of those, twenty-eight were in serious need for rent-geared-to-income housing. In total, there were almost 100 disabled people on the Hamilton-Wentworth Housing Authority's waiting list.

FIGURE 2: HAMILTON-WENTWORTH HOUSING AUTHORITY PRIORITY LIST DATE (May-August, 1985)

		Families	Disabled	
May	Total No. pointed	444	74	
	No. Serious Need	128	24	
	% Need	28.8	32.4	
June	Total No. pointed	414	54	
	No. Serious Need	185	23	
	% Need	44.7	42.6	
July	Total No. pointed	413	37	
	No. Serious Need	195	24	
	% Need	47.2	64.9	
August	Total No. pointed	373	47	
	No. Serious Need	201	28	
	% Need	53.9	59.6	
				Cancelled
New Applications	- May		24	25
	- June		21	18
	- July		28	27
	- August		27	15
No. on List (Total)	- May		100	
	- June		92	
	- July		91	
	- August		95	

3.6 SUPPORT SERVICES

Information about support services available for physically disabled persons has been taken directly from the 1985-1986 'Directory of Community Services' produced by the Community Information Service of Hamilton-Wentworth.

3.6.1 Independent Living Services

Twenty Emerald Street North - (Home Support Project of the Ontario March of Dimes)

Major Services: Shared non-medical assistance in the activities of daily living. Attendant care staff are available on-site on a 24-hour 'as required' basis.

Accessible, unfurnished, geared-to-income rental accommodation within an existing adult apartment building.

3.6.2 Community Support Services

There are a variety of community support care services for physically disabled people in the Hamilton-Wentworth Region. A brief description of the major services follows:

Victorian Order of Nurses

The VON is a voluntary agency that develops and provides services to enhance the health and quality of life of people living in the community of Hamilton-Wentworth.

The VON operates a number of programs and administers both the Home Care Program and Meals-on-Wheels. These will be described separately. The Visiting Nursing Program provides nursing care on a visit basis for medical and surgical patients residing in the Hamilton-Wentworth Region.

Home Care Program

This program provides professional visits to help the patient who is acutely or chronically ill at home. The major services provided include: Nursing, Physiotherapy, Occupational Therapy, Speech Therapy, Social Work, Nutrition plus Homemaking.

The program is financed by the Ontario Ministry of Health. There is no charge to the patient who must have an OHIP number.

Meals-on-Wheels

This program is operated by many organizations throughout the Region of Hamilton-Wentworth. Each program provides home delivered, hot meals at noon, Monday to Friday. The service is for home-bound individuals who lack strength, skill, equipment or motivation to prepare adequate meals for themselves and have no one to prepare meals for them.

There is a small fee for meals. This varies from $2.00 to $2.50 per meal depending on the program.

DARTS - Disabled and Aged Regional Transit System

The major service of this organization is to transport disabled people to work, medical appointments, daycare, education, therapy, social recreation and shopping. They also provide charter service for groups of disabled individuals who would like to travel

together for a particular activity. The fee for this transportation service is the same as the Hamilton-Wentworth public transit system - 90¢ a trip.

Hamilton and District Extend-A-Family

This is a friendship programme for handicapped children where a volunteer host family take a child for a day or weekend per month. The children's handicaps may include mental and/or physical handicaps. This is a volunteer program.

Visiting Homemakers Association of Hamilton-Wentworth Inc.

This program is designed to help individuals and families to remain in their own home when that is the best plan, and to help them toward as much independent functioning as their capacities permit.

One service provides care in the home of convalescents, the chronically ill and the handicapped for a minimum of three hours.

The fee is to be negotiated.

Helping Hands

Helping Hands provides home maintenance services in a non-professional way to elderly, physically handicapped and low-income persons living in their own home or rented accommodation. The major services include: minor household repairs,

painting, heavy duty cleaning, snow shovelling, storm/screen installations etc.

There is no charge for people on low income and with a minimal amount of liquid assests.

3.7 SUMMARY AND DISCUSSION

Inventory

Most of the 140 units for physically disabled people are one-bedroom apartments. Also, most of the units are located in senior citizen buildings. There are thirty townhouse units and eight single family homes. Twenty-one units are two-bedroom size and twelve are three-bedroom size.

The units were classified as follows:

Type 0	- 3	Type 4A	- 15
Type 1	- 13	Type 4B	- 1
Type 2	- 15	Type 5	- 29
Type 3	- 39	Unclassified	- 25

Over half of the units have a Type 3 and above classification. These units have a number of features that make them wheelchair accessible. A large number of these units are in senior apartment buildings and, again, most of them are one-bedroom units. Although some housing providers allow disabled persons under 65 to occupy an apartment in a seniors' building, it is not an ideal solution. Many young disabled people do not like the atmosphere of an all-seniors building, and the one-bedroom apartments often are too small to accommodate a wheelchair adequately.

Housing Programs

The Hamilton-Wentworth Housing Authority manages a total of twenty-one units for physically disabled people and three units under the rent supplement program. Of these units, eight are for families and sixteen are in senior citizen buildings.

The eligibility criteria for disabled people and the point-rating system are restrictive and make the opportunity of obtaining a rent subsidized unit in this program a difficult one. First, unless the physically disabled person is part of a family as defined in the criteria, they will not be considered for a family unit. They may be housed but it will probably be in an apartment in a senior citizen building and it will likely be a small one-bedroom unit.

Secondly, the point-rating system does not adequately take into account their special needs in terms of housing. For example, an inaccessible unit (i.e.: no ramps for a needed wheelchair) would only give a disabled person five points even though he or she cannot access their dwelling.*

Thirdly, the physically disabled person must be: "able to cope on their own". This statement is subject to a variety of interpretations and raises a number of questions. For example: Is there a limit on the type of care required and/or the number of hours of care needed and who provides the care? Is the physically disabled person who hires his or her own attendant and directs his or her own care "able to cope on their own"? The disabled person probably thinks so, however, it is unclear how this is interpreted by some housing providers.

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* For a detailed account of the point-rating system, see Section 7.1, pg.68

The Private Non-Profit Housing Programs manage a total of ninety-five units for physically disabled people. Of these, thirty-five are family units and sixty are units in senior citizen buildings. The sponsoring group selects the tenants. A waiting list and priorizing of applicants is frequently used.

The Co-operatives are managed by groups of people who have been incorporated as non-profit housing co-operatives. There are fifteen co-operative units that are designed for physically disabled people. The Board of Directors of the co-operative selects the tenants.

Waiting Lists

Waiting lists are not an adequate measure of need partially because people often do not like to go onto a "waiting list". They may need housing but their demand does not show up in a waiting list analysis. However, it is evident from the information that was received that there is a need for more apartment accommodation with support services (six on the waiting list).

The twenty-eight disabled persons in serious need on the Housing Authority's priority list data and the fifteen people on the waiting list at Victoria Park also indicates that there is a need for more housing for disabled people.

Support Services

Twenty-four hour support care service is provided in thirteen units in Twenty Emerald North as an Independent Living Project of the Ontario March of Dimes. This is the only project of this type in the Region. There are no vacancies and six people are on the waiting list. A number

of community home support care services operate in the Region. These include Home Care, D.A.R.T.S. transportation service, Meals-on-Wheels, Victorian Order of Nurses, Extend-A-Family, the Visiting Homemakers Association of Hamilton-Wentworth and Helping Hands.

4. COMMUNITY RESPONDENT ANALYSIS

A total of 735 questionnaires were distributed to physically disabled persons living in the Hamilton-Wentworth community and 233 responses were received. The response rate was 31.7%.

First, analysis was done on the total number of respondents. Information was tabulated on the total number of responses for each question in the questionnaire, then analyzed by sections. The total number of community respondents was then divided into sub-groups. Sub-group A which was respondents who indicated that they do not want to move, Sub-group B which was respondents who want to move, and Sub-group Bi which was the respondents from Sub-group B who were in 'serious need' of housing.

Sub-group A, respondents who do not want to move, was made up of 133 respondents and was analyzed mainly in terms of the modifications that they needed, reasons for not making needed modifications and demographics.

Sub-group B, respondents who want to move, was made up of 100 respondents and was analyzed in greater detail. Information was tabulated for this sub-group on demographics, housing preferences and support care requirements.

Further, the Hamilton-Wentworth Housing Authority's point-rating system was used to assess the degree of need for housing for each Sub-group B respondent. Following this procedure, it was found that of the 100 respondents in Sub-group B, 45 were in 'serious need' of housing (i.e. had 90+ points). These 45 respondents were then labelled Sub-group Bi, and their responses were analyzed separately.

Sections 4.1 to 7.4, inclusive, report the findings of the above three sub-groups.

4.1 CURRENT LIVING SITUATION OF THE TOTAL COMMUNITY RESPONDENTS, n = 233

Most respondents to the survey lived in either single family homes (44.1%) or apartments (37.7%). (See Table 1 located in the back of the report.) The majority of respondents rented their dwelling (63.1%) while 36.9% owned their home (Table 2). Eighty-one point six percent of the respondents currently lived in Hamilton (Table 4) while 77.3% respondents chose Hamilton as the location in which they would prefer to live (Table 6). The majority of respondents lived in the Downtown Core (25.8%) or the East End of the City (33.0%) (Table 5), and most respondents preferred these locations (27.9% and 28.5% respectively) (Table 7).

With respect to modifications, many respondents already had some of the accessible features that they needed; for example, 43.7% had grab-rail bars in the bathroom, 31.6% had ramps, and 23.7% had wider doorways and legspace under the bathroom sink (Table 8).

Although some respondents had some of the accessible features that they needed, many others did not. More than one-quarter of the sample needed modifications to their kitchens; for example, 32.1% did not have, but needed, lowered cupboards, 27.4% needed adjusted countertops and legspace under the kitchen sink. A further 29.5% required grab-rail bars in the bathroom and 27.4% required a wheel-in shower (Table 8).

While some of the physically disabled persons in the survey had been able to modify their dwelling or secure an accessible unit, many were still lacking the needed modifications. Most respondents have been unable to make the

modifications needed because they are too expensive (42.3%). Other reasons for not making needed modifications included: need help to do the changes required (13.8%), need information on the changes required (10.1%), temporary accommodation (14.8%) and landlord will not allow (13.2%) (Table 9).

Although 32.0% of the respondents already lived in a government assisted/subsidized unit, the majority did not (Table 10). Of those who were not in an assisted unit (68.0%), 20.0% are presently on a waiting list to be accommodated in such a unit (Table 11).

With respect to satisfaction with current accommodation, 68.1% of the respondents were satisfied and 31.9% were not satisfied (Table 15). Almost 43.0% wanted to move and 57.1% wanted to remain where they were living (Table 16).

The reason most often cited for dissatisfaction with current dwelling was the need for modifications, or the lack of accessibility. High rent was the problem for many respondents. Other reasons for dissatisfaction with current dwelling included: lack of independence, need for support care, poor housing conditions and not being located near stores or doctors. The following is a list of comments some of the respondents made regarding their dissatisfaction with their current dwelling:

> "Can't go upstairs, no washroom on main floor, have to sponge bath at kitchen sink; can't get in and out of the house without a lot of pain."

> "Cannot make it out of building on my own - heavy glass door in lobby; also steepest ramps on outside entrance stop me from getting to main sidewalk."

"Being in a seniors' building is a bit depressing."

"My son would like to live with his own peers."

"Apartment is too costly, bathroom inaccessible, cupboards too high."

4.2 HOUSING PREFERENCES OF THE TOTAL COMMUNITY RESPONDENTS

This section on housing preferences is analyzed in Section 6 of the report: Those Who Want to Move. The respondents who did not want to move were directed past this section of the questionnaire dealing with housing preferences.

4.3 SUPPORT CARE REQUIREMENTS OF THE TOTAL COMMUNITY RESPONDENTS

Respondents were asked to indicate their diagnosed disability. For some respondents, more than one disability was listed. Arthritis was the disability most frequently noted by respondents (23.8%); second were multiple sclerosis and amputation (14.1%); third, cerebral palsy (13.2%), and fourth, spinal cord injury (12.3%) (Table 22).

The majority of respondents use a mobility aid (84.9%) (Table 23). The mobility aid used most often by respondents was a wheelchair. Almost forty-six percent of the respondents who used a mobility aid use a wheelchair full-time while 24.9% use one part-time. Canes were used full-time by 24.9% of respondents and part-time by 18.8%. Crutches and walkers were used both full-time and part-time by less than 10% of the respondents (Table 24).

Respondents were presented with a list of personal care items and housekeeping activities. They were asked to indicate, for each item, whether or not they received assistance from an attendant and/or family/friends. The results are listed in Table 25.

Generally, more than half of the respondents required assistance with housekeeping activities, while less than half of the respondents required assistance with personal care items. Of the respondents who required some assistance for personal care items and/or housekeeping activities, more than half needed only two and half to four hours of assistance time daily (52.9%). Almost fifteen percent of the respondents who required assistance needed it for between twelve and twenty-four hours daily (Table 26). The non-response rate was fairly high for the question pertaining to number of hours care received per day. This may be due in part to the fact that a response of zero or not applicable was counted as no response (there was no "zero" or "n/a" category). The same applies to the following question regarding times assistance is required.

Most of the respondents who required assistance needed it during the morning (31.3%), during the noon hour (31.3%) and during dinner time (30.0%). During all other times, the number of respondents requiring assistance decreased somewhat. For slightly more than half of the respondents (57.5%), the time when assistance was required varies and/or they were unable to anticipate the time (Table 27).

With regard to services received, less than a quarter of the respondents required nursing care. Nearly nineteen percent of the respondents got physical therapy treatments, 15% occupational therapy, and 4.9% speech therapy (Table 28). The number of visits per week for each of these services was minimal (Table 29).

During the past year, the majority of respondents had not used any relief type of service that allowed them

and/or their care-giver to have a rest or vacation (83.7%) (Table 30). When asked why they had not made use of such services, 60.8% of the respondents said that the service was not needed or wanted. Nearly twenty-four percent did not use the service because they did not know it was available. Other reasons for not using the service included expense (12.1%) and unavailability (2.4%) (Table 31).

When asked what their current source of support care was, the majority of respondents said family/friends (85.5%). The Disabled and Aged Regional Transit System (D.A.R.T.S.) was used by a large number of respondents (62.5%). Other significant sources of support care were the Home Care Program which was used by 25.5% of the respondents and the Visiting Homemakers' Association which was used by 21.0% of the respondents (Table 32). Many respondents relied on more than one of the support care services while others did not use any.

The majority of respondents indicated that they were satisfied with the way their support care needs were being met (83.4%) while 16.6% of the respondents were not satisfied (Table 33). Reasons for dissatisfaction included the strain placed on family members, complaints about specific services, the inadequacy of some services and the limited eligibility for some services. Some comments from dissatisfied respondents are as follows:

> "Feel that I am a worry to my son. He should have his spare time to himself."

> "As our son gets older, it gets tougher as a family to fulfill his needs; for example, lifting him from wheelchair to toilet, etc."

"I do not require a professional service such as a nurse or a physical therapist therefore I am not eligible for a visiting homemaker. I think this is a dumb rule! Life in a wheelchair is a frustrating struggle and it seems that I'm penalized further by being independent."

4.4 DEMOGRAPHICS OF THE TOTAL COMMUNITY RESPONDENTS

Age and Sex:

Respondents were asked to indicate in what year they were born. The majority of respondents were between the ages of 30 and 59 (60.8%) while the other respondents were fairly evenly distributed in the under 30 and over 60 age groups. Almost 22.0% were over age 59 and 17.7% were under age 30 (Table 34).

The number of male and female respondents was almost even (49.6% and 50.4% respectively) (Table 35).

Marital Status:

Nearly half of the respondents, 41.7% were single while 33.7% were married. Almost six percent were separated, 7.9% were divorced, 9.2% were widowed and 1.8% were living common-law (Table 36).

Household Size:

Almost 71.0% of the respondents lived in a household of one or two persons (37.9% and 32.6%, respectively). Thirteen point six percent of the respondents had a household size of three persons, while 15.9% had a household size of four or more persons (Table 37).

Income:

The monthly income of the respondents was generally quite low. Income figures included both personal and

family income.

Nearly half of the respondents - 47.5% had a family gross monthly income of $800.00 or less. They therefore had a yearly income of $9,600.00 or less. The poverty line for a family size of one in an area the size of Hamilton-Wentworth (100,000-499,999) is $9,723. Thus, many physically disabled people live below the poverty line in this Region. If we were to consider a larger family size (some of the 47.5% of the sample would likely have a larger household size), then the gap between income level and the poverty line would be even greater.

Almost 18.0% of the sample earned between $801.00 and $1,000.00. The other 35.0% of the respondents were spread out over the other income groups (Table 38).

5. THOSE WHO DO NOT WANT TO MOVE - SUB-GROUP A (n=133)

Respondents who indicated that they do not want to move were analyzed separately. There were 133 such respondents and they are referred to as Sub-group A.

This first sub-group of the overall sample is of interest mostly in terms of the questions concerning modifications to their dwellings. Demographic information has also been analyzed and presented.

5.1 DEMOGRAPHICS

Age and Sex:

Most of the 133 respondents of this sub-group were between the ages of 30 to 60 (58.9%). The next largest age group was 60 and older with 24.0% of the sub-group falling in this range. Twelve people of the sub-group or 9.3% were between 20 and 29 and 7.8% were between 0 to 19 years of age (Table 34). Fifty percent of the sub-group were male and fifty percent were female (Table 35).

Marital Status:

Of 130 respondents, 43.8% were single, and 35.4% were married. Twenty-one percent were separated, widowed, divorced or living common-law (Table 36).

Household Size:

Most of this sub-group had a household size of one (36.0%). Thirty-one percent had two in their households and 11.5% had three. There were twenty-eight respondents or 21.5% who lived in a household of four or more (Table 27).

Income:

Most of Sub-group A respondents had a family gross monthly income of less than $800.00 a month (41.5% of 110 who responded). Twenty-nine percent had an income between $801 and $1,200. Also, the income of 29.0% was more than $1,201. Twenty-two of the sub-group did not respond (Table 38).

5.2 MODIFICATIONS

The information from the questionnaires concerning modifications was used to determine the classification of the dwellings that respondents presently live in and the classification of dwelling that they require. The classification types followed the descriptions established to define the general degree of accessibility of the units in the Register of Accessible Rental Housing for the Physically Disabled in Hamilton-Wentworth. Classification types have been described previously in Section 3.2.2.

To determine the type of unit required, the following information was considered:

a) modifications the respondent did not have but needed;

b) type of dwelling lived in (e.g.: if a person lived in an apartment, it was generally classified as accessible i.e. - wheelchair entrance);

c) type of disability and need for a mobility aid;

d) amount of support care needed and family situation i.e.: was the physically disabled person a female homemaker with a family or a single person who coped on his/her own, etc.

The classification of present dwellings and required accessibility levels in this manner was a subjective rating,

however it did combine a great deal of information into a more useful form for analysis and comparison.

Of 125 responses, 72.0% of the units occupied by Sub-group A respondents were classified as Type 0 or Type 1 unit. Most of these, 43.2%, were Type 0. Twenty-one percent of the units were Type 2 and 3 units and 6.4% were Type 4A, 4B and 5 classifications.

Only 24.0% of the respondents required a Type 0 or Type 1 unit but 53.0% required Type 2 or 3 classifications. Twenty-three percent needed Type 4A, 4B and 5 units (Table 5.2).

TABLE 5.2: SUB-GROUP A - CLASSIFICATION OF PRESENT UNITS AND REQUIRED CLASSIFICATION (n = 125)

Classification Types	Present Type	Required Type
Type 0	43.2%	12.8%
Type 1	28.8%	11.2%
Type 2	12.0%	24.0%
Type 3	9.6%	28.8%
Type 4A	1.6%	3.2%
Type 4B	1.6%	7.2%
Type 5	3.2%	12.8%
Total	100.0%	100.0%
No Response	8 respondents	8 respondents

By comparing this information, it became evident that many physically disabled people did not have the modifications to their dwellings that they needed. Most disabled people did not require fully modified units but 53.0% of this sub-group did require the basic accessibility features of a Type 2 or 3 unit including:

- grab bars, opening under the bathroom and kitchen sink;
- electrical switches and controls relocated;
- turning room and accessibility features for a wheelchair.

Reasons Modifications Not Made:

Respondents were also asked why they had not made needed modifications. A great many of Sub-group A respondents indicated that modifications were not needed or applicable to their situation - 52.3%. The next most stated reason was "too expensive" - 44.0%. Thirteen percent of Sub-group A respondents said that they "need help to do the changes" and 10.0% said that they "need information on the changes required". Five percent said that the "landlord will not allow" (Table 9).

Comments re: Modifications

Some of the comments from Sub-group A that related to modifications and accessibility issues are included as follows:

> "Generally, I find that the cost involved in making your home suitable for your handicapped child is extremely costly as well as the many unnecessary obstacles you must hurdle to overcome the road blocks set up by the city and government rulings."

"We could use modifications in our home - at present we have bars, hand rails etc. that are helpful but could use other changes in our home - however we would require someone to assess - also the cost of these would probably be too high to go into modifications unless there was assistance."

"It would be very much appreciated if we could receive some kind of financial support and help in obtaining a ramp for the front steps of our home."

"I wish my apartment were more accessible - lowered cupboards, counters, space under sink, etc."

"I believe a person in a wheelchair should be involved in design. Somehow dwellings need to be developed as independently suitable as possible. Have units signed for by disabled person(s) then have their input to add or change original unit plans."

One comment, which is quite lengthy, reflects the problems and concerns of a middle income family with respect to modifications for their home. Because if addresses the financial, bureaucratic and future problems of physically disabled people, it has been included.

"When we rented, there was no assistance for ramping except low income housing which had long waiting lists. Now they are building townhouses also for low income. We are a middle income family, we saved and bought a house and are struggling to pay a mortgage. We bought a van to transport the electric chair (1977 Ford) and cannot afford a second vehicle. The only one floor plan with passable room to accommodate a wheelchair, that we could afford was in Stoney Creek, so we do not quality for the grant from Hamilton to ramp the house. We cannot afford to take a loan. The loan at CMHC at 13% is no bargain anyway, and personally I feel that all the committees and forms that I have filled out are a waste of money as I just get run around in circles to get any help for my daughter...

> If my husband quit his job and we applied for welfare we would be given the necessary equipment she needs. We are not asking for a new car or swimming pool and I do not feel that bathroom facilities and ramping are luxuries or cosmetic features that are improving your property value or looks. However, logic has very little to do with this.
>
> One question I will leave you with. How do you hope to have adults who are handicapped be self-sufficient to their maximum if you give no help to the family of a child so that they can begin to teach them before adulthood; or are they expected to stay at institutional level?

5.3 SUMMARY

Most of the 133 respondents who do not want to move are between the ages of 30 to 59 - 58.9%. Forty-four percent are single and 35.4% are married. Most (36.0%) of the sub-group have a household size of one, and 31.0% have two people in their household. Forty-one percent have a family gross monthly income of less than $800 per month. Twenty-nine percent have an income between $801 and $1200 and 29.0% have an income of over $1201.

Most of the units that these respondents currently occupy were classified as Type 0 or Type 1 units. Only 24.0% of the respondents required these classifications. Twenty-one percent of the units were Type 2 or 3 classifications. However, 53.0% of the respondents require these types of units.

This information indicates that many physically disabled people do not have the modifications to their dwellings that they need. Most do not require fully modified units but they do require the basic accessibility features of a Type 2 or Type 3 classification.

In spite of the fact that approximately half of the respondents indicated that modifications were not needed or applicable, the analysis revealed that the majority of respondents need, or at least could benefit from, some modifications to their dwellings. Some respondents gave conflicting responses (i.e. checked off several modifications that were needed because they had a mobility aid such as a wheelchair, then they indicated that modifications were not needed). Often, in such cases, it was evident that the modifications would be helpful to that person, but they were able to cope without them and they did not view the modifications as necessary.

6. THOSE WHO WANT TO MOVE - SUB-GROUP B (n = 100)

Respondents who indicated that they would like to move have been analyzed more closely. There were 100 such respondents, and they are referred to as Sub-group B. Some of this sub-group were satisfied with their present living situation yet still wanted to move. Reasons for dissatisfaction of this sub-group were similar to the total sample.

6.1 DEMOGRAPHICS

Age and Sex:

Of the 100 respondents who wanted to move, 49.0% were male and 51.0% were female (Table 35). Most of the respondents were between 30 to 39 years of age (24.5%), 20.4% were between 50 to 59 and 18.4% were 40 to 49. Thus, the majority of the respondents of this sub-group were between 30-59 years old (63.3%) (Table 34).

Marital Status:

Most of the respondents were single - 38.8%. 31.6% were married. Eleven percent of those who wanted to move were widowed and 11.0% were divorced (Table 36).

Household Size:

Most of the respondents of this sub-group lived alone - 40.0%. 35.0% lived in a household size of two people. Sixteen percent had a household size of three and 8.0% had a household size of four or more (Table 37).

Income:

Most respondents in this sub-group (33.7%) had a family gross monthly income between $401 and $600. The next highest income category was between $601 and $800 with 20.2% of those who want to move in this range.

Seventeen percent had an income of $801 to $1000 and 10.0% had an income of $1001 to $1200. Eighteen percent had an income of over $1201 and one respondent had an income of $400 or less.

Fifty-five percent of the respondents who wanted to move had a monthly income of $800 per month or less (Table 38).

6.2 TYPE OF DWELLING LIVING IN PRESENTLY

Most of sub-group B respondents (47.5%) lived in apartments. Thirty-one percent lived in single family homes Ten percent lived in townhouses or rowhouses and six percent lived in senior citizen residences. Two of those respondents who wanted to move lived in group homes (Table 1).

Most people in this sub-group rented their dwellings (79.0%). Twenty-one percent owned their homes (Table 2).

Location:

The majority of respondents who wanted to move lived in Hamilton (88.0%) and preferred that area of the Region (83.5%). Within Hamilton, most of this sub-group lived in the East End (28.2%), the East Mountain (23.5%), or in the Downtown Core area (22.4%). The areas of Hamilton that were preferred by respondents were the East End (23.2%), the Downtown Core (23.2%) and the East Mountain (21.9%) (Tables 4, 5, 6 and 7).

Government Assisted Housing

Some of those who wanted to move lived in housing that is government assisted (25.0%). Seventy-five percent of those who wanted to move did not live in assisted housing (Table 10). Of the 75.0% that did not live in assisted housing,

22.5% were on a waiting list for assisted housing. Seventy-seven percent were not in assisted housing and were not on a waiting list (Table 11). Sub-group B respondents indicated that they are on the following waiting lists for the stated lengths of time.

1 on Kiwanis list	- 3 years
2 on Victoria Park list	- 1 month and 2 months
3 on other housing projects' waiting lists	- unknown, 8 months and 2 months
10 on HWHA list	- 1 month, 6 months, 8 months, 1 year, two on for 2 years, 3 years, 5 years, 6 years, 7 years

NOTE: The above list has been compiled from survey responses. It does not give the total number actually on the waiting list (for waiting list information, see Section 3, p. 28).

Classification of Present Dwellings:

Present dwellings were classified using the scale established to define the general degree of accessibility of the units in the Register of Accessible Rental Housing for the Physically Disabled in Hamilton-Wentworth. The criteria used to classify each unit was applied to the information obtained from each respondent's questionnaire in the area of modifications they have. Based on this information, the present dwellings of the respondents who wanted to move were classified.

Most dwellings were classified as Type 0 - 73%. Therefore, most units were not accessible to wheelchairs due to stairs, narrow doors, steep ramps or other barriers. The units were most suited to the walking disabled. Eleven percent

of the units were Type 1 classifications, four percent were Type 2 and four percent were Type 3 units. Only one unit was a Type 4A and two were 4B classifications. Five units were Type 5, or fully modified (Table 6.3, pg. 58).

6.3 HOUSING PREFERENCES

Type of Housing Preferred

Of the 100 respondents who wanted to move in this sub-group, 48.0% indicated that they would prefer an apartment. the next highest choice was 33.0% who preferred a single family home and then 15.0% who preferred a one-level townhouse. One person perferred a senior citizen apartment and one person preferred a small shared dwelling. Two people preferred a large shared dwelling with about thirty physically disabled people and on-site support care (Table 17).

Number of Bedrooms Required

When asked: "How many bedrooms would you require?", most of the respondents indicated that they would require two-bedroom units - 50.0%. Thirty-three percent would require a one-bedroom unit and 17.0% would require three or more bedrooms (Table 18).

Location Preferred

The majority of Sub-group B respondents would prefer to live in Hamilton (83.5%). The areas of Hamilton that are preferred by respondents are the East End (23.2%), the Downtown Core (23.2%) and the East Mountain (21.9%) (Tables 6 and 7).

Classification of Required Units

The type of unit required by each Sub-group B respondent was classified using the same process that was applied

to Sub-group A. On the basis of information given in the questionnaires and the classification descriptions from the Hamilton-Wentworth register of accessible housing, each Sub-group B respondent's required type of unit was classified.

Of Sub-group B respondents, 28.0% required a Type 2 unit. "This unit is accessible for wheelchairs and has minimal changes to the bathroom including grab-rails and an opening under the sink. It is most suitable for those who require walking aids, such as leg braces, canes, walkers and occasionally a wheelchair."

One-quarter of Sub-group B respondents required a Type 5 unit. "These units are fully modified and are most suitable for a disabled homemaker who works from a wheelchair but has weaker than normal upper extremities." The need for this type of unit is substantiated by the fact that 35.0% of respondents who wanted to move and who used a mobility aid use a wheelchair full-time (see Table 24). Also, a majority of Sub-group B respondents were single and required modifications to both the bathroom and kitchen in order to allow them to function independently.

Type 1 units were required by 17.0% of Sub-group B respondents. "These are wheelchair accessible due to good access to the building, elevators, wide doors and ramps no greater than eight percent slope. In addition, units contain height modified electrical switches."

Ten percent of Sub-group B respondents required a Type 3 unit which has the modifications of a Type 2 unit plus minimal kitchen modifications. Nine percent required a

Type 4B unit which has the modifications of a Type 2 unit plus a fully modified kitchen. Five percent required a Type 4A unit which has the modifications of a Type 1 unit plus a fully modified bathroom.

Only six percent of Sub-group B respondents required a Type 0 unit. "These units are not accessible to wheelchairs due to stairs, narrow doors, steep ramps, and other barriers. The unit is most suitable for the walking disabled (Table 6.3).

TABLE 6.3: SUB-GROUP B - CLASSIFICATION OF PRESENT UNITS AND REQUIRED CLASSIFICATION (n = 100)

Classification Types	Present Type	Required Type
Type 0	73%	6%
Type 1	11%	17%
Type 2	4%	28%
Type 3	4%	10%
Type 4A	1%	5%
Type 4B	2%	9%
Type 5	5%	25%
Total	100%	100%

6.4 REASONS WHY SUB-GROUP B HAS NOT MOVED

The 100 respondents who indicated that they would like to move were asked, "What is preventing you from moving?".

Cost concerns were mentioned most often in response to this question. The next most frequently mentioned problem was the inability to locate suitable accommodation. A number of respondents specifically mentioned not being able to find a place to live that is wheelchair accessible:

> "Waiting lists too long - not enough wheelchair units."

> "I'm in a wheelchair and don't know where dwellings are."

A number of respondents indicated that they needed attendant care services and there was nothing available at the present time that offered this. Other things that were mentioned that prevented them from moving included such items as: a present mortgage, a need to finish school, pets, on waiting lists, planning to move soon, and no group home for the physically disabled.

6.5 IMPORTANT ITEMS IN LOOKING FOR ANOTHER PLACE TO LIVE

The respondents of Sub-group B were asked to indicate what would be important to them when looking for another place to live and then to choose the three most important items.

The item chosen by most of Sub-group B respondents as being important was financial assistance for rent (71.9%). This item was also chosen by most as being one of the three most important items (67.0%).

A wheelchair accessible dwelling was chosen by 56.3% of the respondents as being important. It was chosen by 52.7% as being in the three "most important items" category.

The next important item chosen was financial assistance for modifications (54.2%). Then 51.0% chose a central registry for locating modified housing and 42.7% chose financial assistance for support care as being important. This item was chosen by 35.2% of the Sub-group as being in the three "most important items" category (Table 20).

The following three items were chosen by most of those who wanted to move as the three "most important items" in looking for a place to live:

- financial assistance for rent - 67.0%
- wheelchair accessible dwelling - 52.7%
- financial assistance for support care - 35.2%

(Table 21)

6.6 OTHER COMMENTS

Respondents were asked if they would like to comment on other items which were important to them when they looked for a place to live. The forty-five respondents to this question generally mentioned more than one item.

The items that were mentioned most often related to locational preferences. Generally, respondents wanted to be located near stores where they could get out, go shopping or buy groceries, etc. Some preferred to be near transportation, either the bus or D.A.R.T.S., and a few wanted to be close to the doctor. A number of respondents mentioned the need to have the sidewalks ramped and modified for wheelchair use.

Another frequently mentioned item concerned the type of dwelling that they would prefer to live in. Many respondents mentioned needing a one-floor plan dwelling and a number specifically mentioned the need for wheelchair accessibility. Some

mentioned that they look for "no stairs and a lot of space for their equipment and/or wheelchair".

Some respondents mentioned a need to be close to work, community services, a park or theatre. Other needs included:

- a rent-geared-to-income unit;
- accessibility to a backyard or balcony where they could enjoy the out-of-doors;
- accessible parking;
- place where pets were accepted;
- friends and neighbours nearby in case of emergency;
- accessible appliances.

One person mentioned:

> "If you are moving into a new house or townhouse that is in the process of being built, it is important to know the builder or the head of construction - this way all the insufficient modifications can be avoided or corrected."

6.7 SUPPORT CARE - SUB-GROUP B

Disability:

The disability most frequently stated by Sub-group B respondents was arthritis (25.0%). The next most common disability was spinal cord injuries (14.0%). Eleven percent of Sub-group B respondents had cerebral palsy and eleven percent had multiple sclerosis. Ten percent had an amputation. (See Table 22 for a complete listing of the disabilities of this Sub-group.)

Use of a Mobility Aid:

The majority of Sub-group B respondents used a mobility aid (85.6%) (Table 23). Of these respondents who

used an aid, 35.0% used a wheelchair full-time and 26.5% used one part-time. Twenty-four percent of these respondents used a cane full-time and 24.0% used a cane part-time. Use of crutches, walker and other mobility aids by these respondents both full-time and part-time was generally less than 5.0% (Table 24).

Assistance Received:

Of the seventy-eight respondents who received assistance in this Sub-group, 50.0% required housekeeping services such as light housekeeping, meal preparation, laundry help, grocery shopping or home maintenance assistance (twenty-two did not respond).

About forty-nine percent of the respondents required assistance with both personal care and housekeeping activities. Personal care items included such things as eating and drinking, dressing, washing/bathing, toileting, grooming and getting into/out of bed, chairs, etc. (See Table 6.7.1).

TABLE 6.7.1: ASSISTANCE RECEIVED

	Sub-Group B, n=78	
	n	%
Personal Care Only	1	1.3
Housekeeping Only	39	50.0
Both	38	48.7
	78	100.0
No response	22	
	100	

Number of Hours of Care Received Per Day:

Only fifty-six respondents of Sub-group B answered the question concerning the number of hours of care received. Of those who did respond, 51.7% received one-half to four hours of care. Fourteen percent received four and a half to eight hours of care. Twenty-three percent or thirteen respondents received eight and a half to twenty-four hours of care (Table 26).

Time Assistance is Required:

Sixty-nine percent of Sub-group B respondents answered this question. Of this number, more than half of the respondents (62.3%) indicated that they were unable to anticipate the times when assistance was required. For the remaining respondents, the times when assistance was most often required was in the morning upon awakening, at lunch time and at dinner time (Table 27). After 6 p.m. until 8 p.m., thirteen respondents required assistance. Eleven needed it between 8 to 10 p.m. and thirteen needed assistance between 10 p.m. to 12 midnight. Also, fifteen needed assistance between 6 a.m. and 8 a.m. These times are mentioned specifically because they are not within the regular hours of most community support.

Services Required:

Most respondents in Sub-group B who answered the question did not receive services. Twenty-two percent received nursing care, seventeen percent received physical therapy and 13.6% received occupational therapy. Only 3.4% received speech therapy (Table 28).

Of the nineteen respondents who received nursing care, seven respondents received more than three visits a week. Six respondents received one visit a week.

Of the thirteen respondents who received physical therapy, four respondents received three visits a week and three respondents received two visits a week.

Of the nine respondents who received occupational therapy, seven respondents received one visit per week (Table 29).

Satisfaction with Support Care:

Eighty percent of the Sub-group who answered this question were satisfied with their support care. Twenty percent or seventeen respondents were not satisfied (Table 6.7.2).

Five of the respondents who were not satisfied with their support care had difficulties with respect to their family that provided the care. One respondent stated that:

> "Ongoing care is very irritating to my family as it is only getting to be needed more."

Four respondents were not satisfied with the D.A.R.T.S. service. Other reasons for not being satisfied included:

- need more done especially heavy cleaning;
- very expensive to maintain support services;
- does not cover assistance with looking after children;
- not always available;
- needs more assistance;
- not enough available openings.

TABLE 6.7.2: SATISFIED WITH SUPPORT CARE

	Sub-group B, n=85	
	n	%
Yes	68	80.0
No	17	20.0
Sub Total	85	100.0
No response	15	
Total	100	

Twenty-Four Hour Support Care

This Sub-group was also analyzed with respect to the number of respondents who would possibly require the availability of 24-hour support care if they were to move. Respondents who required five or more hours of support care per day or who received extensive attendant care were analyzed. Twenty-two respondents fit these criteria and of these nine lived with their families which provided the extensive care that they required.

Seven of these respondents would perhaps manage with an outreach type of support care service that would provide early morning or late evening care.

Six others had various attendant care situations and would require 24-hour care if they moved or if their present situations were to change.

6.8 SUMMARY OF SUB-GROUP B

Housing Summary

Most of the respondents who wanted to move were

single people (39.0%) while 32.0% were married. Most (63.0%) were between the ages of 30 to 59 and most (55.0%) had an income of $800 per month or less. Most also said that they would require a two-bedroom unit (50.0%).

Table 6.3 (pg. 58) indicates that 73.0% of this sub-group had a Type 0 unit and only six percent required this classification. It is evident that many physically disabled people do not have the modifications to their dwellings that they need. Four percent have Type 2 units and 28.0% required this classification. Also, five percent have Type 5 units and 25.0% required this classification.

"Cost" was mentioned most frequently in response to what is preventing you from moving. This concern, or "financial assistance for rent" was stated most often as one of the "three most important items" when looking for a place to live (67.0%). "Wheelchair accessibility" was the next most stated item as one of the "three most important items". This relates to the second most mentioned problem that was preventing people from moving: the inability to locate suitable accommodation.

Support Care Summary

The majority of respondents in Sub-group B used a mobility aid. Of those who used an aid, 35.0% used a wheelchair full-time and 26.5% used one part-time. Most of Sub-group B respondents required assistance with housekeeping services only or both housekeeping and personal care.

Most of the respondents who wanted to move did not receive an extended number of hours of care. Fifty-two percent received one-half to four hours of care per day. Twenty-three percent received eight and one-half to twenty-four hours of care.

Most respondents in Sub-group B did not require services such as nursing care, physical, occupational or speech therapy. Most were satisfied with their support care.

7. THOSE IN SERIOUS NEED - SUB-GROUP Bi (n = 45)

In order to determine the degree of need of the 100 respondents who indicated that they would like to move, the point-rating system of the Hamilton-Wentworth Housing Authority was generally applied. The following is a discussion of the point-rating system in use and a revised point-rating system that was developed to more accurately reflect the needs of disabled people for housing. Those that are in "serious need" for housing are then discussed.

7.1 THE POINT RATING AND ITS APPLICATION TO THE 100 WHO WANT TO MOVE

Questions were included in the questionnaire so that the "degree of need" of the respondents who want to move could be assessed. These questions were based on the Hamilton-Wentworth Housing Authority's point-rating system which points people on the basis of their need for housing. Points are awarded in the following categories:

1. Income (Maximum 100 points)
   - Step 1 - Calculation of Gross Family Income
   - Step 2 - Calculation of Deductions
   - Step 3 - Determination of Income Points
2. Percentage of Income in Rent or Shelter Cost (Maximum 30 points)
3. Overcrowding (Maximum 30 points)
4. Critical Housing Requirements
   - A. Writ of Possession served or Notice of Termination (Maximum 5 points)
   - B. Temporary Emergency Housing (Maximum 35 points)

     Note: If this is awarded, no points are awarded in the percent of income in rent or the Writ of Possession/ Notice of Termination category.

5. Housing Conditions/Suitability

   A. Hazards (Maximum 10 points)

   B. Health Conditions (Maximum 10 points)

   C. Inadequate Housing Conditions (Maximum 15 points)

Those 100 respondents that indicated they "want to move" were pointed according to this system.

Our use of the point-rating system was limited in some respects:

1) Some questionnaires were either incomplete or unclear about their situation thus they were not included in the analysis.

2) We did not ask questions that related to possible deductions, i.e. employment expense, OHIP, Child Care expenses.

3) We did not ask if the person had received a Writ of Possession or a valid Notice of Termination.

4) We were not able to confirm the respondent's situation by means of an interview. The Housing Authority currently interviews all applicants.

In some instances, points have been higher if we had all of the above information.

Respondents who wanted to move were also pointed using a revised point-rating system developed by the project staff with input from the Housing Advisory Committee and the United Disabled Consumers. The revised system was developed to more accurately reflect the needs of disabled people for housing.

The system comparison illustrates the similarities and differences in the point-rating methods (Figure 3). Firstly, monthly income points are the same at 100 points. Secondly,

thirty points for percentage of income in rent or shelter costs is the same. We were unable to include five points for Writ of Possession or Notice of Termination because the questionnaire did not ask for this information. Ideally, the point-rating system would include this item. The item "in temporary emergency housing" was expanded to include points for being unnecessarily institutionalized.

FIGURE 3: THE POINT-RATING SYSTEMS

HOUSING AUTHORITY SYSTEM		
CRITERIA		POINTS
1. Monthly Income		100
2. Percentage of Income in Rent or Shelter Cost, PLUS Writ of Possession/ Notice of Termination		30 5
OR		
In Temporary Emergency Housing?		35
3. Overcrowding		30
4. Housing Conditions/ Suitability		35
a) Disrepair Resulting in Hazard	10	
b) Health Condition Aggravated by Current Accommodation	10	
c) Inadequate light/ ventilation	5	
d) Inadequate Heating	5	
e) Inadequate Kitchen Facilities	5	
f) Inadequate Bathroom Facilities	5	
g) Inadequate Recreational Space	5	
h) Other Inadequacies (specify)	5	
		200

* Maximum points possible = 15 points

PROPOSED SYSTEM		
CRITERIA		POINTS
1. Monthly Income		100
2. Percentage of Income in Rent or Shelter Cost		30
OR		
In Temporary Emergency Housing/or Unnecessarily Institutionalized		30
3. Housing Conditions/ Suitability		70 max.
a) Overcrowding	5	
b) Disrepair Resulting in Hazard	10	
c) Health Condition Aggravated by Current Accommodation	10	
d) Inaccessible Unit	20	
e) Inadequate Heating	5	
f) Unmodified/Inadequate Kitchen Facilities	15 max. (5x3)	
g) Unmodified/Inadequate Bathroom Facilities	15 max. (5x3)	
h) Other Inadequacies/ Needed Modifications	15 max. (5x3)	
i) Inaccessible Parking	5	
j) Fire Escape (i.e. live above 8th floor)	5	
		200

** Maximum points possible = 70 points

The next item - overcrowding - was moved into the "Housing Condition/Suitability" section and was given a possible five points. The disabled consumer group (U.D.C.) that was consulted about the point-rating system indicated that overcrowding would rarely be a problem for disabled people. Many disabled people are single and it was felt that thirty points was too many to be awarded to a situation that rarely happens.

The category of Housing Conditions/Suitability was expanded to include: overcrowding, disrepair resulting in hazard and health condition aggravated by current accommodation. Other items also included are: points for an inaccessible unit, inaccessible parking and fire escape (i.e. living above the eighth floor). Inadequate kitchen and inadequate bathroom facilities were expanded to include an unmodified kitchen and an unmodified bathroom. A total of seventy points maximum could be awarded in this category.

For an inaccessible unit, a total of twenty points could be awarded. If a unit is totally inaccessible, for example, it has no ramps and the disabled person has to be lifted in and out, then the housing would be inadequate and the entire twenty points would be awarded. If the disabled person has difficulty opening doors to get in and out or the ramp is too steep to use comfortably, then ten points were awarded for an inaccessible unit.

For an unmodified/inadequate kitchen facility, five points were awarded for each of the following to a total of fifteen - if the items were needed.

3x5=15
- adjusted lowered countertops
- lowered cupboards
- leg space under sink
- leg space under counter
- insulated pipes under sink
- raised indicators on stove
- front control stove
- other e.g. lever taps, cupboard space
- functional stove and fridge

For an unmodified/inadequate bathroom facility, five points were awarded (if the items were needed) for each of the following to a total of fifteen:

3x5=15
- grab-rail bars
- special fixtures (i.e. long-handled taps)
- leg space under sink
- insulated pipes under sink
- wheel-in shower
- functional toilet, sink, bath or shower
- sufficient hot or cold water
- adequate plumbing
- shared facilities

Other inadequacies included: 3x5=15 points

3x5=15
- wider doorways
- light switches/electrical outlets relocated
- lowered rods in closets
- flashing light for doors/intercom
- safety feature on elevator doors
- accessible laundry
- adequate lighting

These changes more accurately reflect the special needs of disabled people for modifications that would enable them to live as independently as possible. The classic situation for a disabled person is when the bathroom is not accessible because of size, width of doorways, lack of space under the sink and special fixtures such as grab rails, etc., that would enable use of the bathroom - a basic human necessity!

7.2 RESULTS OF THE POINT-RATINGS

Thirteen of the one hundred questionnaires were not point-rated due to incomplete information. The results of using the current point-rating system indicated that forty-five out of the eighty-seven respondents who were point-rated (51.7%) were in serious need (they had ninety points or more). When they were pointed using the proposed system, fifty-one or 58.6% were in serious need (Table 7.2). The following information has been summarized from the analysis of the forty-five respondents who were in serious need according to the current point-rating. These respondents are actually a part of Sub-group B - the respondents who wanted to move. They, therefore, are categorized as Sub-group Bi.

TABLE 7.2: A COMPARISON OF THE POINT-RATING UNDER THE CURRENT AND PROPOSED SYSTEMS (n=87)

POINT-RATING CATEGORY	CURRENT		PROPOSED	
	Number	Percent	Number	Percent
No Need 0-29	17	19.5%	13	14.9%
Little Need 30-59	11	12.6%	10	11.5%
Some Need 60-89	14	16.1%	13	14.9%
Need 90-119	30	34.5%	26	29.9%
Great Need 120+	15	17.2%	25	28.7%
Not Point-Rated	13		13	

Under CURRENT point-rating NEED/GREAT NEED 51.7%

Under PROPOSED point-rating NEED/GREAT NEED 58.6%

7.3 ANALYSIS OF SUB-GROUP

Age and Sex:

The number of male and female respondents in this Sub-group was almost equal, with a slight majority of males (53.3%) (Table 35). Most of these respondents (71.1%) were between 30 and 59 years of age. The age group with the most respondents (modal category) was 30-39 with one-third of the respondents in this category (Table 34).

Marital Status:

More than half of the respondents were single (53.3%). Only 15.6% were married; the remaining 31.2% were either separated, divorced, widowed or living common-law (Table 36).

Household Size:

64.4% of respondents in serious need had a household size of one, 28.9% lived in households of two or three persons, and 6.7% lived in households of four or five persons (Table 37).

Income:

More than three-quarters of the respondents in Sub-group Bi (82.2%) estimated their family's gross monthly income to be $800 or less. Slightly more than thirteen percent of the Sub-group respondents had a family gross monthly income in the $801 to $1,200 range, while 4.4% had incomes of over $1,400 per month (Table 38).

7.3.1 Housing

Tenure:

Most of the Sub-group Bi respondents rented their current dwellings (88.6%). Only 11.4% owned their own home (Table 2).

Assisted Housing and Waiting Lists:

Almost 41.0% of Sub-group Bi respondents currently lived in assisted housing units. Fifty-nine percent of Sub-group Bi did not currently live in assisted housing units (Table 10).

Of Sub-group Bi respondents who were not in assisted housing units, 36.0% were on a waiting list for such a unit while 64.0% were not on a waiting list (Table 11).

7.3.2 Support Services

Diagnosed Disability:

The diagnosed disability most frequently indicated by the respondents in Sub-group Bi was arthritis (20.0%); the second was cerebral palsy (17.8%); and the third was spinal cord injury (13.3%). (See Table 22 for a complete listing.)

Mobility Aid:

Most respondents in Sub-group Bi used a mobility aid (81.4%). Of those respondents, 37.1% or thirteen people used a wheelchair full-time and 28.6% or ten people used one part-time (Tables 23 and 24).

Assistance Required:

The list of activities where assistance is required was divided into two parts: the first six items (eating and drinking, dressing, washing and bathing, toileting, grooming, and getting into/out of bed) were designated as personal care items, and the last five items (light housekeeping, meal preparation, laundry, grocery shopping and home maintenance were designated as housekeeping activities. In doing so, it was evident that a majority of respondents in Sub-group Bi; did not require assistance with personal care items. They did require assistance with housekeeping activities (Table 25).

The personal care items that respondents most often needed assistance with were grooming and getting into/out of bed (34.1%). The housekeeping items that respondents most often needed assistance with were

grocery shopping (73.2%), laundry (70.7%) and home maintenance (70.7%) (Table 25).

Hours Per Day Assistance Required:

Over half (55.6%) of the respondents in Sub-group Bi indicated that they required some assistance with either personal care, housekeeping activities or both.

Most of the respondents who required assistance, needed less than four hours of assistance per day (60.0%). Twenty-four percent of the respondents who required assistance received between four and ten hours of assistance per day, while 16.0% required 24-hour care (Table 26).

Time of Day/Night Assistance is Required:

No definite pattern was seen in the times that assistance was required. The number of respondents requiring assistance was fairly constant throughout the different times of day. Most assistance was required (29.0%) between 8 to 10 a.m. and 10 a.m. to 12 noon. Fifty-eight percent of the Sub-group Bi respondents indicated that they were unable to anticipate the time when assistance was required (Table 27).

Services Received and Frequency:

Less than a quarter of Sub-group Bi respondents who received any services required nursing care (23.1%). A third of those who received nursing care had only one visit per week, while slightly more than half required more than three visits per week.

Only 28.4% required either physical, speech or occupational therapy. Generally, these services were required once a week (Table 28 and 29).

7.4 SUMMARY

The point-rating system currently used by the Hamilton-Wentworth Housing Authority has been described. Also described was a preliminary revised point-rating system that was developed to more accurately reflect the needs of disabled people in housing.

When the current point-rating system was applied to the 100 respondents who wanted to move, 45 and 90 or more points and were considered to be "serious need" of housing. When the proposed system was applied, fifty-one were considered to be in serious need.

This "typical" physically disabled person is considered in serious need of housing when the current point-rating system used by the Housing Authority is applied to the situation of "Those Who Want to Move".

A typical physically disabled person in serious need of housing is probably between thirty to fifty-nine years old. S/he is single, lives alone, and has a gross monthly income of less than $600.00. Therefore, s/he is probably living below the poverty line. S/he rents his or her present dwelling and is not likely currently living in assisted housing or on a waiting list. S/he has arthritis or cerebral palsy and requires a wheelchair full-time. S/he probably requires housekeeping assistance fewer than four hours a day. S/he may need to have meals prepared. S/he probably does not need any specialized services such as nursing care.

8. INSTITUTION ANALYSIS

There were twenty respondents to the institution questionnaire. Most of these were living in the Rehabilitation Unit at Chedoke, a few were living at the Chedoke Continuing Care Centre and the rest were in other institutional settings.

8.1 HOUSING ANALYSIS

The reasons given for living in an institution were as follows: need of help and rehabilitation were the most frequently stated reasons. Awaiting housing or funding was the next most stated reason for institutionalization. Some stated that they need attendant care and one stated that there was "no other option at the present time" (Table 24). Some of the comments are included:

> "Undergoing rehabilitation. Can't find a place in the community to live because of care needed. I have plateaued in my rehabilitation and could leave the hospital."
>
> "Still in rehab. program; moving back to inaccessible house till the spring."
>
> "Need help and I am on my own."
>
> "Difficulty accessing appropriate (i.e. wheelchair accessible) boarding home which can also manage occasional behavioural problems."

Most of the respondents had not looked for housing in the community in the past year. Of those who had, they had applied to Victoria Park Community homes, the Co-ops, 20 Emerald North and boarding homes. (Tables 46 and 47).

The majority of respondents living in institutions chose Hamilton as the area of the Region in which they would prefer to live. Most of these would prefer the East End area of the City (Tables 48 and 49).

Slightly more than half of the respondents were not satisfied with their present living situation (Table 50). Reasons for dissatisfaction included:

> "Not suitable for personal lifestyle; does not provide independent living; does not provide creative stimuli."
>
> "No up to date conveniences. Boring. Too many old people."
>
> "Would rather be in community than waiting for a chronic care bed."
>
> "Hospital environment is not ideal."
>
> "Want a more home-like atmosphere."

Assuming that the appropriate housing, support care and financial assistance were available, most of the respondents (80.0%) would like to move to another dwelling (Table 15). Most would prefer a modified house or apartment while several would like a modified one-level townhouse. One would prefer a senior citizens' residence and one would like a large shared dwelling with on-site support care. All of these respondents would require support care services (Table 52).

Slightly less than half of the respondents would require a life skills program that helps them to be self-dependent (Table 53).

The majority of the respondents who were in institutions and who wanted to move used a wheelchair (12 full-time and 5 part-time) (Table 59). This indicates that they would require extensive modifications to their housing. Most would need an accessible unit with a fully modified bathroom (wheel-in shower) and most accessible features in the kitchen (i.e. adjusted countertops and lowered cupboards). Some of the

respondents were able to walk with the aid of a cane or a walker. These people would require fewer accessible features to their housing.

The preceding information with respect to the type of housing required is supported by the response to another question in the survey. Respondents were asked which items would be important to them when they were looking for a place to live (Table 55). They were also asked to choose the three most important items (Table 56). The three items chosen most frequently were:

- a wheelchair accessible dwelling;
- financial assistance for rent, and
- financial assistance for support care.

8.2 SUPPORT CARE ANALYSIS

The most common disability among the respondents who wanted to move was spinal cord injuries. Other disabilities included: stroke damage, arthritis, cerebral palsy, epilepsy, polio, multiple sclerosis, and head injury (Table 57).

With respect to the care they received, most of the respondents required some assistance with "activities of daily living" or personal care activities (i.e. washing, dressing, toileting and getting into/out of bed (Table 61). Generally, the majority of respondents required personal care assistance for an average total of four hours per day. It should be noted that this does not mean four continuous hours, but rather a total of four hours of care spread throughout the day (Table 62).

More specifically, eight of the sixteen respondents who wanted to move required less than four hours of care per day and eight required 4½ to 24 hours of care. Most respondents required assistance in the early morning, at noon hour, and in the late evening (Table 63).

Most of the respondents presently received nursing care, physical therapy and/or occupational therapy (Table 64).

If these respondents were to move into the community, almost all of them would require assistance with housekeeping activities such as laundry, grocery shopping, meal preparation and light housekeeping (Table 66).

8.3 DEMOGRAPHIC INFORMATION

Of the total respondents (20) to the institution questionnaire, nine were male and eleven were female (Table 68). The marital status of the respondents was as follows: nine single, six married, four widowed, and one separated (Table 69).

Ages of the respondents ranged from twenty-two to seventy with the average age being forty-four. Ten were between the ages of twenty to forty-nine and ten were between fifty to seventy (Table 67).

When asked to estimate what their monthly income would be if they were living in the community, most of the respondents indicated that they would have an income of $450.00 or less. Three respondents indicated that their monthly income would be between $450.00 and $600.00, four would have between $650.00 and $800.00 and three would have over $900.00 (Table 70).

Respondents were given the opportunity at the end of the questionnaire to add their comments concerning housing and support care:

> "I would like to strongly stress the importance of a non-medical attendant and the financial support needed to maintain the attendant. Without the support of an attendant to assist with my independence, I can see no other alternative but to suffer the consequences of a chronic care institution."

> "At present, I am in a hospital situation. I own my own home - modifications and repairs need to be made. Also, I am in the process of hiring an attendant. The problem basically is financial."

> "I would like the entrance to my house accessible by wheelchair."

> "I would prefer a home setting."

8.4 SUMMARY

There were twenty respondents to the institution questionnaire. Assuming that the appropriate housing, support care and financial assistance were available, most of the respondents (80.0%) would like to move to another dwelling.

Most of these respondents would prefer to live in a modified house or apartment and because the majority used a wheelchair either full-time or part-time, they would need an accessible unit with a fully modified bathroom and most accessible features in the kitchen.

The three "most important items" when looking for a place to live for these respondents were:

- a wheelchair accessible dwelling;
- financial assistance for rent, and
- financial assistance for support care.

Most of the respondents required some assistance with the "activities of daily living" or personal care activities. Eight respondents who wanted to move required less than four hours of care per day and eight required 4½ to 24 hours of care. Most respondents required assistance in the early morning, at noon hour, and in the late evening.

Ten of the overall sample were between the ages of twenty to forty-nine and ten were between fifty to seventy-nine.

The estimated income of most of the respondents would be less than $600.00 per month.

Most of the respondents were in an institutionalized setting because they needed help and rehabilitation. Half of the respondents who wanted to move required more than 4½ hours of care per day, indicating a need for either flexible hours for support care, the availability of 24-hour support care or a private attendant. The next most stated reason for being in an institution was that they were awaiting housing or funding. Some were waiting for modifications to be made to their own homes or funding to be able to do the modifications. Some were waiting for funding and also needed attendant care:

> "need attendant care; own home - some modifications done, but finances not available at present to complete them."

9. KEY INFORMANT SURVEY

A survey of key informants was conducted using a self-administered mail-out questionniare. A total of forty-four questionnaires were sent to the executive directors (or other appropriate staff) of the agencies that assisted in the study by mailing questionnaires to the disabled population in the community. Twenty-nine of the questionnaires were returned for a response rate of 66.0%. The tables listed in the section "Results of the Survey" are based on the responses of twenty-nine key informants.

9.1 RESULTS OF THE SURVEY

The results of the key informant survey were as follows:

Housing Options:

1. Are available housing options in the Hamilton-Wentworth Region adequate for the physically disabled group with whom you are familiar?

TABLE 9.1.1: ARE AVAILABLE HOUSING OPTIONS ADEQUATE?

Response	Percentage
Yes	3.5
No	86.2
Not sure	10.3

As the table indicates, the majority of the key informants said that the available housing options are not adequate. The reason that housing options are viewed as inadequate, from the key informant perspective, is because there is a shortage of accessible units. One key informant comments:

"Single-level housing is insufficient in subsidized facilities; apartments in general are inadequate for wheelchair patients."

In addition to there not being enough accessible housing units, there is the problem of a lack of attendant care to support disabled persons who would like to live independently. As a result, many disabled people are forced to remain in their parents' homes long after the time that most young adults attain independence, or they are forced to move into institutions.

The high cost of housing is one of the reasons often given in support of the view that housing options are inadequate. Other reasons include:

- no community group homes for physically disabled persons;
- lack of housing choices (type and location);
- too many disabled now in an institutional environment;
- no co-ordination among housing providers;
- high cost and lack of accessible housing for low-middle income families.

Key informants were asked to provide possible solutions to the housing option problems. One informant suggested that there is a need for more accessible independent units that match the disability of the person. It was also suggested that the appropriate professional and client groups should be involved in the designing of units for disabled persons. With respect to support care in housing for the disabled, informants suggested: "Alternate accommodation with adequate support care and more community attendant care."

The high cost of accessible housing was addressed by one key informant. The solution put forth was:

> "Geared to income housing units, located in relationship to density of disabled population and distributed through many types, sizes and locations."

Support Care Services:

2. Is the provision of support care services for the physically disabled adequate?

TABLE 9.1.2: IS THE PROVISION OF SUPPORT CARE SERVICES ADEQUATE?

Response	Percentage
Yes	17.2
No	69.0
Not sure	3.5
No response	10.3

The majority of key informants said that the provision of support care services is not adequate. The problem, according to many of the informants, is that there are not enough attendant care/support services. Some informants expressed the view that there is a need for increased availability of twenty-four hour support care services.

Many respondents viewed the problem with support care services as being too costly. They stated that there is inadequate funding to provide attendant care

services in the home or attendant care on a one-to-one basis. Some informants indicated that the problem with support care services is the shortage of trained personnel to provide attendant care.

The lack of support services in the work place, heavy caseloads, shortage of chronic care beds, and inadequate transportation were some of the other problems noted by key informants with regards to support care services.

Most of the suggested solutions to the support care problems involved additional funding. Key informants advised that more funding is needed to provide trained attendant care and twenty-four hour support care units such as those in the Independent Living Project at 20 Emerald North. One informant held the view that the funding process should be simplified due to "too much red tape".

Other solutions to support care problems that were suggested by informants include:

- support services in the workplace and more work placements;
- clients should be able to direct and control their own support care services;
- need day care and day programs;
- need long-term case management for chronic disabled (especially for head injured).

Opportunity to Live Independently:

3. **"Some physically disabled individuals have the ability to live independently but are not given the opportunity to do so because housing and support care services are inadequate." Do you agree with this statement?**

TABLE 9.1.3: OPPORTUNITY TO LIVE INDEPENDENTLY STATEMENT

Response	Percentage
Yes	82.7
No	0
Not sure	13.8
No response	3.5

Informants who answered "yes" were asked to explain their position and to provide possible solutions to the problems they perceived. Most of the informants mentioned support care related issues: 24-hour support, more attendant care, lack of community support services, finances for support care, trained attendants, life skills training and day care for the younger population.

Items related to housing issues were also frequently mentioned: accessible housing, involve professional groups and clients in the design, co-ordination among housing providers, group home settings and funding for housing. Inadequate transportation, government intervention and red tape were also mentioned. Many informants saw a combined problem of support care and housing issues. Included in the comments were the following:

> "Some patients need 24 hour supervision and adequate support services or adequate housing - not available in the community."

> "Some residents could live on their own if attendant care is provided, therefore need funding and regular life skills program."

"Not enough units for those needing attendant care, no co-ordination among housing providers. Some accessible units not truly accessible, no community group homes."

"Many disabled people do not require medical attendant care to live outside of institutions with community support services."

"There seems to be a need for apartments that have bathrooms and kitchens properly adapted and large enough for function from a wheelchair."

"Not enough appropriately designed units that are affordable."

9.2 PRIORITY OF NEEDS

The key informant survey included a list of accommodation and personal support care items. Informants were asked to rate these items by need (great need, some need, no need) and relative importance.

Over 55.0% of the key informants saw a "great need" with respect to six items on the list. These were:

- accessible dwellings with flexible hours of support care (68.9% of the total respondents saw a "great need" for this item);
- accessible dwellings (65.5%);
- central registry for locating accessible dwellings (65.0%);
- financial assistance for attendant care (62.0%);
- accessible public transportation (62.0%);
- accessible dwellings with 24 hour support care on site (55.1%) (Table 9.2).

Three of these items received overall highest priority of those listed:

- financial assistance for attendant care;
- accessible dwellings with 24 hour on site support care; and
- accessible dwellings with flexible hours of support care.

Items for which between 40.0% and 52.0% of the key informants felt there was a "great need" were:

- family relief care options (51.7%);
- group homes with non-medical support care (48.2%);
- financial assistance for modifications (48.2%);
- life skills training where disabled people can learn to live independently (44.8%) (Table 9.2).

Three items received less frequent mention:

- financial assistance for rent (37.9%);
- day care programs (34.4%); and
- chronic care beds (34.4%) (Table 9.2).

Other items that were mentioned one or two times by key informants include:

- accessible family dwellings (e.g. wheelchair, shower and bathtub;
- more workshops;
- assistance for gainful employment;
- education and acceptance by the general public;
- clergy involvement, shopping, banking, medication management;

TABLE 9.2: ACCOMMODATION AND SUPPORT CARE PRIORITIES

Item	No. Respondents Indicating Great Need	% of Respond.	No. Respondents Indicating 1,2,3 Priority	% of Respond.
a) Chronic Care Beds	10	34.4	4	13.7
b) Nursing Home Beds	6	20.6	2	6.9
c) Group homes with non-medical support care	14	48.2	6	20.6
d) Accessible dwellings	19	65.5	4	13.7
e) Accessible dwellings with flexible hours of support care	20	68.9	7	24.1
f) Accessible dwellings with 24 hr. support care on site	16	55.1	7	24.1
g) Family relief care options	15	51.7	3	10.3
h) Daycare programs	10	34.4	3	10.3
i) Life skills training where disabled people can learn to live independently	13	44.8	6	20.6
j) Financial assistance for attendant care	18	62.0	8	27.5
k) Financial assistance for rent	11	37.9	1	3.4
l) Financial assistance for modifications	14	48.2	2	6.9
m) Central registry for locating accessible dwellings	19	65.5	4	13.7
n) Accessible public transportation	18	62.0	5	17.2

- simplify assistance process;

- extension of assistive devices program for adults or other method of assistance for devices;

- recreational facilities;

- public awareness of available programs.

Comments Concerning Priorities:

Key informants were asked to describe their concerns, solutions or suggestions about their priorities. Some of these that relate to the highest priorities follow:

"Townhouses with available attendant care pool as needed that could be contacted by the individual."

"Not enough proper homes - suggest consultations with disabled people re: renovations and new buildings."

"Accessible dwellings are a must for deaf people with fire alarms flasher, doorbell flasher as well as TDD installed in landlord's office."

"Central registry - In order to either find an accessible dwelling or advise of the availability of one, it is currently necessary to advise many agencies. This is time consuming. One should be able to simple inform a central agency from whom all others could access relevant information."

"Accessible public transportation - without reliable transportation most physically disabled persons are unable to participate in life fully and in particular in the programs that have been set up specifically for them."

"Accessible dwellings with 24 hr. support care - without support services available, the disabled remain dependent upon others for their daily living needs."

"Spinal cord and head injury patients could be discharged sooner if they had accessible housing with attendant care."

Other Comments:

"Money for home modifications - the RRAP is a red tape nightmare and the ceilings on family income are ridiculously low - many levels/depts. of government = confusion."

"Conclude that 'powers that be' would rather fund research on the problem (topic) than get on with the job of providing services. The disabled are grossly underfunded both by F.B.A. and support services. Legislation looks good on the books - but just try to get an Order-in-Council for attendant services!"

"While I can appreciate the need to focus on the 'physically' disabled person, I would like to bring to your attention the need to include the brain injured population in this survey. While some of these folks are physically disabled, many are not. They are however in need of housing and support services which would permit community living. These individuals may require assistance in the areas of daily living as well as support services to assist with community integration. Families are often left isolated from services as this group does not fit into the traditional definition of 'disabled person'."

9.3 SUMMARY

"Accessible units" was the problem most stated in terms of housing options for physically disabled people. Key informants stated that there are not enough truly accessible units and that accessible features must fit the disability. The second most stated problem was that there are not enough units for disabled people who need attendant care. Therefore, many return to their parents' homes or stay in an institution.

Not enough "attendant care/support care services" was the most stated problem in terms of the provision of support care services. A need for 24-hour support care services and more funding to provide attendant care services in the home and "one-to-one" was expressed.

The results of the question concerning the opportunity to live independently" and the priority of needs question indicated that generally key informants felt a great need for support care for physically disabled people. This includes increased availability of 24-hour attendant care, private attendant care (one-to-one), community support services, finances for support care, trained attendants, life skills training and daycare for the younger population.

Another frequently mentioned issue was the need for housing - both with support care services and for independent living. Several key informants mentioned that often "accessible" housing is not truly accessible for the needs of the disabled user and that professional groups such as occupational therapists and also the client group should be included in the design of the units. A central registry for locating accessible housing was a concern as well as accessible public transportation.

It is difficult to actually separate many of the issues; for example, accessible housing with either flexible or 24-hour support care services. One key informant states:

> "I feel that all of the issues are interconnected and cannot be priorized. If the aim is to allow the disabled to be independent out in the community, all services must be co-ordinated and available to ensure a successful integration."

10. DISCUSSION AND RECOMMENDATIONS

10.1 Introduction

Four main issues pertaining to the housing and support care requirements of physically disabled persons have been identified in this study:

(1) the availability of accessible housing;

(2) the availability of support care;

(3) the affordability of accessible housing and support care; and,

(4) the availability and co-ordination of information on housing and support care services for physically disabled people.

Physically disabled persons who have a disability that limits their mobility often encounter serious problems with the accessibility of conventional housing. For some of these individuals (i.e. the 'walking disabled'), minor modifications may be all that is required to make a housing unit accessible. Modifications such as lightweight doors and grabrails or bars could make a home accessible for those persons with moderate disabilities.

For the disabled person who requires a wheelchair, more extensive modifications are usually necessary to make a unit accessible. Ramps, wider doorways, relocated electrical switches and outlets, open space under sinks and counters, and adequate wheelchair turning space are basic requirements to make a housing unit accessible to a person in a wheelchair. For some physically disabled persons, an accessible unit may not be sufficient to allow an independent life-style. These individuals may also require assistance with activities of daily living. For them, support care services that provide assistance with personal care and housekeeping activities may be necessary.

In addition to the availability of accessible housing and support care services, the affordability of both these items is an important consideration. Many physically disabled persons face financial restrictions due to their limited income from government disability allowances.

Finally, the number of housing programs, modification assistance programs and support services that have different qualifying criteria and locations make it very confusing and frustrating for a physically disabled person who needs assistance.

The following recommendations reflect these issues, and they are presented as a starting point to meet the housing and care needs of physically disabled people in the Region of Hamilton-Wentworth. The recommendations are based on the results of the surveys, information about the Chedoke Continuing Care Centre and the experiences gained during the study. They do not take into account any projections to a total estimated physically disabled population.

The recommendations are divided into three sections: the first section addresses housing concerns and the second section addresses support care issues and related housing options. The third section addresses the need for the coordination of information on housing and support care services for physically disabled people.

10.2 Housing Recommendations

Point-Rating System

Under the current public housing program administered by the Ontario Housing Corporation (O.H.C.) and Hamilton-Wentworth Housing Authority, there is little provision made

for disabled people with special housing needs. The present selection process, whereby applicants for subsidized housing are point-rated based on a set of criteria, is very restrictive and makes little allowance for disabled people's special needs (e.g. accessible unit, modifications to bedroom and kitchen). They are point-rated under the same system that is used for families; this system does not accurately reflect or take into consideration the special housing need of disabled people, many of whom are single.

During the study process, the research team and the Community Advisory Committee, in consultation with the United Disabled Consumers group, began to develop a system which they felt would better reflect the special needs of disabled persons. This draft proposal may provide a good starting point to examine needed changes to the Ontario Housing Corporation point-rating method.

It is also apparent that this study is not the first to propose revisions to the current pointing system. In February 1981, the provincial Standing Committee on the Administration of Justice produced its 'Report on the Ontario Housing Corporation and Local Housing Authorities' (4th Session; 31st Parliament). Two of the Committee's 119 recommendations were that:

> "The Ontario Housing Corporation develop a distinct point-rating scale for the handicapped/disabled which reflects their particular housing needs and assigns a higher weight to the proportion of their income spent on rent." (Recommendation No. 31, page vii)

> "The Ontario Housing Corporation increase income deductions for the handicapped and other disabled tenants to reflect their special, costly needs." (Recommendation No. 39, page viii)

The human costs associated with the inadequacies of the current system are real. One particular case was brought to the attention of the Community Advisory Committee. A disabled man was being forced to move from his rental unit due to circumstances beyond his control. His unit was inaccessible (on the second floor of a triplex) and, being confined to a wheelchair, the unit posed a fire hazard for him. His washroom facilities were not accessible for wheelchair use. Faced with this situation, he had applied for a subsidized unit. He was informed, however, that his application was not considered a top priority (i.e. placed high on the waiting list) and that he would have to wait for a unit - possibly for months. The inadequacies of the present system are quite evident for a man who will soon have to leave a unit which is inaccessible and a hazard knowing he has few housing alternatives while on a waiting list with 100 other people.

It is recommended:

1.(a) THAT A POINT-RATING SYSTEM AND WAITING LIST (SEPARATE FROM THE FAMILY SYSTEM) FOR PHYSICALLY DISABLED PEOPLE BE ESTABLISHED BY THE O.H.C. TO TAKE INTO CONSIDERATION THEIR SPECIAL HOUSING NEEDS.

AND;

1.(b) THAT THE S.P.R.C., IN CONSULTATION WITH DISABLED CONSUMERS AND OTHER AFFECTED BODIES, PURSUE CHANGES TO THE POINT-RATING SYSTEM BY APPROACHING THE O.H.C.

Assessment of Community Need

Since there is no complete demographic profile (i.e. Census) available of physically disabled people in the Hamilton-Wentworth Region, the study obtained data from a

sample of physically disabled persons. It was impossible to achieve a totally random sample of all physically disabled people in the Hamilton-Wentworth Region. For this reason, the study could not specify the total number of units required for physically disabled people in the Region.

The Ontario Housing Corporation, however, has establisted a method for determining the level of supply and demand for subsidized housing in a municipality. This determination is made by implementing a 'Community Needs Housing Survey' in conjunction with a waiting list analysis.

While this housing needs survey provides a useful starting point for ascertaining the level of need, it does not, the opinion of the Community Advisory Committee, always accurately reflect the special circumstances of disabled persons. Certain changes to the form should be made prior to implementation of the survey.

Therefore, it is recommended:

2.(a) THAT IN ORDER TO BETTER REFLECT THE CONCERNS AND NEEDS OF PHYSICALLY DISABLED INDIVIDUALS IN THE COMMUNITY AND IN INSTITUTIONS, THE APPROPRIATE CHANGES TO THE COMMUNITY NEEDS HOUSING SURVEY FORM BE MADE BY THE O.H.C. IN CONSULTATION WITH THE S.P.R.C. AND OTHER INTERESTED COMMUNITY ORGANIZATIONS.

AND FURTHER;

2.(b) THAT REGIONAL COUNCIL REQUEST THE O.H.C. TO CONDUCT THE REVISED COMMUNITY NEEDS HOUSING SURVEY AND WAITING LIST ANALYSIS TO ASSESS THE EXTENT OF NEED AND BEDROOM MIX FOR ACCESSIBLE, AFFORDABLE HOUSING UNITS FOR PHYSCALLY DISABLED PERSONS IN THE REGION OF HAMILTON-WENTWORTH.

Additional Accessible Housing

The findings of the study indicate that there is a need for additional barrier-free wheelchair accessible units. Wheelchairs are required on a full-time basis by 46 percent of the respondents. Most of the other respondents require mobility aids such as canes, crutches or walkers. These people would also benefit from a barrier-free design unit (although it need not be wheelchair accessible).

Based on the comparison of classification of units that respondents now live in and the classification that they require, there is a serious discrepancy. Most of the respondents presently live in unmodified units. Approximately fifty percent of those who want to move require at least a Type 3 unit which has minimal modifications to the bathroom and kitchen in addition to general accessibility features (i.e. ramps, wider doorways and electrical switches/outlets relocated).

In addition to the fact that most disabled people are currently living in inacessible units, most disabled people cannot afford to pay market rents for their housing. The study's findings indicate that there is a severe housing affordability problem for many physically disabled people. Almost half of the respondents (48 percent) have a gross family monthly income of less than $800. On a yearly basis, this equals $9,600 or less. The 1985 poverty line for a family size of one in an area the size of Hamilton-Wentworth (population: 100,000-499,999) was $9,723. Thus, almost half of the physically disabled people surveyed live below the poverty line in this Region. In fact, 29 percent have incomes of less than $600 per month*, placing them well below the

* Most of these respondents are likely to be living only on a GAINS-D allowance ($432 per month or $5,184 per year).

poverty line - at least 25 percent below the one-person poverty line!

The affordability of appropriate housing is a crucial factor for physically disabled people. In April 1985, a Canada Mortgage and Housing Corporation (C.M.H.C.) survey indicated that the average rent for a one-bedroom apartment in the Hamilton-Wentworth area was $318 per month. Assuming that a disabled person or family will pay 25 percent of their income on rent, less than 11 percent of the survey respondents could afford a one-bedroom apartment on the open market! A vast majority of disabled persons could not afford an unsubsidized apartment in this Region. Financial assistance with rent was one of the top three priorities for two-thirds of the respondents who wanted to move.

In view of the evidence supporting the assertions that almost 51 percent of disabled people require and/or would benefit from a barrier-free unit, and that a vast majority of disabled people cannot afford to pay market rents for appropriate housing, the following recommendations are put forth:

3.(a) THAT ACCESSIBLE/BARRIER FREE DESIGN UNITS BE ACQUIRED/CONSTRUCTED UNDER THE PRIVATE NON-PROFIT, CO-OPERATIVE AND MUNICIPAL NON-PROFIT HOUSING PROGRAMS TO MEET THE NEED INDICATED BY THE RESULTS OF RECOMMENDATION NO. 2(b).

AND;

3.(b) THAT ALL OF THESE UNITS BE MADE AVAILABLE ON A RENT-GEARED-TO-INCOME BASIS.

It has been stated that there is an unmet need in Hamilton-Wentworth for accessible, assisted housing units. The question that remains is 'what type of housing is needed?'.

Questionnaire responses make it possible to ascertain the types of housing required to meet the needs of the disabled population. Based on the demographic information obtained from the questionnaires, it is evident that housing for single disabled people is a major concern. Approximately 40 percent of the survey respondents are unattached individuals, and many of these people live either alone or in a two-person household. It is, therefore, evident that a proportion of the accessible subsidized housing units to be acquired/constructed should be either large one-bedroom units or two-bedroom units. Since many disabled people require a wheelchair, these units should be larger than an average bachelor or one-bedroom apartment. More than 80 percent of respondents indicated that they require either a one-bedroom or a two-bedroom apartment.

In addition to the fact that almost half the respondents are unattached individuals, most of them are between the ages of 20 and 29. This indicates that the needed additional units are not for disabled children or seniors (although, in both cases, there is some need), but for single disabled adults under the age of 60. In reviewing the existing housing programs, it is acknowledged that these single disabled individuals or married couples are housed under various programs. However, they are often housed inappropriately in a senior citizen apartment or in a three-bedroom townhouse. The senior citizen situation is not ideal because these younger adults are not among people their own age and the units are often too small to adequately accommodate a wheelchair. Also, over-housing an individual in a three-bedroom unit is not an ideal use of space either.

It is therefore recommended:

4. THAT THE MAJORITY OF THE ADDITIONAL ACCESSIBLE UNITS THAT ARE ACQUIRED/ CONSTRUCTED BE THE APPROPRIATE MIX OF LARGE ONE-BEDROOM OR TWO-BEDROOM UNITS (AS INDICATED BY THE RESULTS OF RECOMMENDATION 2b) TO ACCOMMODATE ONE OR TWO-PERSON SIZE HOUSEHOLDS.

The Canada Mortgage and Housing Corporation currently has a policy that government-funded housing projects must have 5 percent of the units accessible for use by disabled persons, unless it can be demonstrated that the need for these units does not exists.

This study presents evidence that there is presently need to increase the supply of rent-subsidized accessible units in Hamilton-Wentworth. In order to help facilitate this goal, it is recommended:

5. THAT ALL NON-PROFIT HOUSING CORPORATIONS BE REQUIRED TO ADHERE TO THE C.M.H.C. 5 PERCENT MINIMUM POLICY FOR ACCESSIBLE UNITS UNTIL SUCH TIME AS IT IS CLEARLY DEMONSTRATED THAT THE SUPPLY OF ACCESSIBLE HOUSING HAS REACHED AN ADEQUATE LEVEL IN HAMILTON-WENTWORTH AS INDICATED BY THE RESULTS OF RECOMMENDATION 2 (b).

Barrier Free Housing Design

Some key informants as well as survey respondents stated that a major problem with housing for disabled people is that some units are not built accessible and that the accessible features often do not fit the disability.

Community respondents cited situations where ramps had been built too steep for wheelchairs, heating controls were located too high or too low, door handles were round

and difficult to turn and there was not enough wheelchair turning space in the kitchen of a supposedly 'accessible' unit. Several community respondents and key informants indicated that it is important to include the disabled individuals and appropriate health care professionals (particularly Occupational Therapists) in the design stages of building projects.

It is recommended:

6.(a) THAT THE C.M.H.C. UPGRADE THEIR MINIMUM BUILDING SPECIFICATIONS FOR ACCESSIBLE UNITS FOR PHYSICALLY DISABLED PERSONS.

AND;

6.(b) THAT THE BARRIER-FREE DESIGN CENTRE IN TORONTO AND OCCUPATIONAL THERAPISTS BE CONSULTED IN THE UPGRADING PROCESS.

Modifications to Existing Dwellings

Many respondents indicated that they encountered difficulties with regards to making modifications to their homes. The major problems seemed to be in the areas of information on changes required and assistance needed to make the changes (i.e. What to do and how to go about it?), as well as financial considerations.

The Canada Mortgage and Housing Corporation's Residential Rehabilitation Assistance Program (RRAP) can be useful to some physically disabled homeowners; however, people seeking assistance through the program often encounter many restrictions. One restriction is that it is limited to use by people living in certain specified areas. For those living in areas where RRAP is available, there are other

restrictions. Income ceilings mean that many moderate income families are ineligible. Several respondents commented on the dilemma faced by middle income families with a disabled member. They cannot afford to pay for housing modifications themselves but their incomes are too high to be eligible for a grant/loan.

People who rent their dwellings also are at a disadvantage because their landlord must participate in obtaining the funds and there are limiting criteria.

Other programs are also available that provide funds for physically disabled people to modify their homes. However, each program has different locational and qualifying criteria. It is a very frustrating process to identify and locate the programs, fill in the required application forms for each and then possibly not qualify for any.

In order to: 1) alleviate the confusion surrounding the guidelines/criteria of the various modification programs; 2) extend the geographic area of service; and, 3) increase the income ceilings to allow more disabled persons to benefit from the programs, it is recommended:

7. THAT REGIONAL COUNCIL, THROUGH THE REGIONAL ADVISORY COMMITTEE FOR THE PHYSICALLY DISABLED, REVIEW ALL OF THE HOUSING REHABILITATION PROGRAMS WITH THE AIM OF: 1) DEVELOPING A CONSOLIDATED INVENTORY OF THE VARIOUS PROGRAMS; AND, 2) ASSURING THAT THE PROGRAMS ARE MEETING THE NEEDS OF PHYSICALLY DISABLED PERSONS IN THE COMMUNITY.

Live-In Attendant Care

The Ontario Housing Corporation's policies regarding

the support service and attendant care requirements of disabled people are poorly defined. Disabled applicants are required to be able to 'cope on their own', and are not permitted to have an unrelated live-in attendant. The phrase 'cope on their own' is nebulous; there is no indication of the amount of outside assistance individuals might receive before they are considered to be capable of coping on their own. It is our understanding that the Ontario Housing Corporation requires that a physically disabled person must have an outside agency or a family member to provide for their attendant care needs. If a person is able to direct their own care requirements and has a private attendant, they would be ineligible for a housing unit. This stipulation appears to be discriminatory and an infringement of both the Ontario Human Rights Code and the Charter of Rights and Freedoms. The current system discourages disabled people from maintaining an independent life-style. To address this issue, it is recommended:

8. THAT THE S.P.R.C. AND REGIONAL COUNCIL APPROACH THE O.H.C. TO PERMIT DISABLED PEOPLE TO HAVE LIVE-IN ATTENDANTS.

10.3 Support Care Recommendations

Most of the respondents were satisfied with the way their support care needs were being met. Most relied on family and friends to take care of their needs. They also used a few community services when required.

Outreach Attendant Care

The most frequently stated reasons for not being satisfied with support care, were that the family needed

assistance with care or that they needed more attendant care:

> "...my mother does all my needs for me but she is getting older and is not as capable."
>
> "I would like an attendant to help me into bed at night and one available when family/friend on holiday."

Present in-home support care programs cannot meet all the needs of physically disabled people. First, many disabled people require 'after hours' assistance with personal care activities such as 'getting into or out of bed'. For example, of the 69 of 100 respondents in Sub-Group B (Those Wanting to Move), 13 respondents required assistance after 6 p.m. until 8 p.m. Eleven needed help between 8 to 10 p.m. and 13 needed assistance between 10 p.m. and 12 midnight. Also, 15 needed assistance between 6 a.m. and 8 a.m.

Secondly, many people living in the community do not require medical or professional services. Only 19 percent of the respondents require nursing care. Thus, if they do not require a 'professional service', they are not eligible for the Home Care program. They may still, however, require an attendant.

The results of the institutional survey also indicated a need for more attendant care services. Most of the respondents required assistance with personal care activities and they required an average of four hours of care per day. Most respondents required assistance in the early morning, at noon and in the late evening. Present community support care programs do not provide service during all of these hours.

The Ministry of Community and Social Services announced an expansion of attendant care services for severely disabled persons in June of 1984. The purpose of the Attendant Care Outreach program is to provide additional attendant care services to physically disabled adults living in the community. The program is designed to provide service flexibility. The Ministry describes for whom the services are appropriate in its 'Attendant Care Outreach Program, Draft Policy Framework', June 20, 1984:

> "persons living with their parents who, because of aging or some other circumstances, are experiencing difficulty in providing total daily assistance."
>
> "an adult couple whereby one partner experiences difficulty in providing total daily living assistance to his/her disabled partner."
>
> "single disabled persons who cannot obtain an appropriate level of service through existing visitation programs." (p.1)

Several agencies have made application to receive funding to start Outreach Programs in the Region of Hamilton-Wentworth.

The Ministry of Community and Social Service's definition of attendant care does not allow for the provision of housekeeping services. Such services could include tasks like banking, grocery shopping, laundry and cleaning of the home.

While the attendant care outreach program is certainly a welcome service to facilitate the movement towards independence for many disabled persons, some gaps exist. Disabled persons must currently co-ordinate their homemaking

hours with their attendant care hours even though money for both programs comes from the Ministry. It would appear to be a more effective arrangement if attendants could be allowed to perform certain housekeeping services where both services are needed. Many disabled persons cannot live in the community without both personal and housekeeping services - allowing attendants to perform housekeeping tasks could save the Ministry money, not to mention the improved service for the disabled consumer.

It is recommended:

9.(a) THAT FUNDING BE GRANTED BY THE ONTARIO MINISTRY OF COMMUNITY AND SOCIAL SERVICES TO DEVELOP AND IMPLEMENT LOCAL OUTREACH ATTENDANT CARE PROGRAM(S).

AND;

9.(c) THAT THE ONTARIO MINISTRY OF COMMUNITY AND SOCIAL SERVICES EXPAND ITS SERVICE DEFINITION OF THE ATTENDANT CARE PROGRAM TO INCLUDE HOUSEKEEPING ACTIVITIES.

Twenty-Four Hour Attendant Care

Of the community respondents who wanted to move (Sub-Group B), six would require an independent living program with the availability of 24-hour attendant care and 12 indicated that such care would be important to them when looking for another place to live. Of the institution respondents who wanted to move, eight would probably require a 24-hour attendant care program and 10 said that such a program would be important to them if they were to live in the community.

Also, there is a waiting list of six people for the existing independent living project at Twenty Emerald Street

North. No waiting list was maintained by Twenty Emerald Street North until the summer of 1985. At that time, they opened their files and began to accept referrals from the community because of vacancies made available through new units. They are currently no longer accepting referrals since the six people on their waiting list represent a potential wait of up to two years for service.

This information indicates a need for more services that would provide 24-hour attendant care services. Many key informants also expressed the view that there is a need for increased availability of 24-hour support care services. It was the collective opinion of the Community Advisory Committee, as well, that this need exists, based upon their experiences.

It is recommended:

10. THAT THE ONTARIO MINISTRY OF COMMUNITY AND SOCIAL SERVICES PROVIDE ADDITIONAL FUNDING FOR A SECOND INDEPENDENT LIVING PROJECT THAT PROVIDES 24-HOUR ON-SITE ATTENDANT CARE IN THE HAMILTON-WENTWORTH REGION.

While the information collected by and during the study indicates that funding should be granted for a second independent living scheme, the size of such a facility and the program type should be dependent upon a clearer specification of the magnitude of need.

In so doing, the Ontario March of Dimes may want to consider opening their files again to: a) receive new applications, and b) review applications already on their waiting list to determine the current status of each client. The six people currently on the waiting list may underrepresent the total need in the community. Opening up the

waiting list for applications, in consideration with the turnover rate experienced by Twenty Emerald Street North, will assist in establishing the present demand for service.

Furthermore, the Ministry of Community and Social Services and potential sponsors of an Independent Living Project should also attempt: a) to determine if existing residential units could be converted for use by the disabled; b) review forecasting of future needs; and, c) address the turnover rate anticipated in such a complex.

These factors should be fully assessed to determine the appropriate facility size to meet the demand in the community.

Life Skills Training

Other items concerning support care were mentioned by key informants, community and institutional respondents.

Fifteen respondents to the community survey and seven of the institution respondents indicated a need for a life skills program to teach independent living skills. This was also a concern of key informants:

> "Young adolescents need to be taught early the skills necessary to be independent. If they are not, they sit home on disability pensions."

> "Most programs only go to a certain age or stop when the person is away from an institution and in most cases that's where the person stops growing."

It is recommended:

11. THAT REGIONAL COUNCIL, THROUGH THE REGIONAL ADVISORY COMMITTEE FOR THE PHYSICALLY DISABLED, INVESTIGATE THE DEVELOPMENT OF A TRANSITIONAL PROGRAM TO TEACH INDEPENDENT LIVING SKILLS TO PHYSICALLY DISABLED ADOLESCENTS AND ADULTS WHO REQUIRE TRAINING BEFORE MOVING TO MORE INDEPENDENT SETTINGS.

Need for Type 2* Facility

The Annual Reports of the Placement Co-ordination Service** from 1976 to 1982 indicate a re-occurring problem in placing people under the age of 60 in the community. The 1976 Annual Report states that the Placement Co-ordination Service:

> "...continue[s] to experience difficulty in placing the person under 60 who requires long-term care in a setting which will recognize the attitudes and expectations of the younger person and be able to provide the stimulus of hobbies, recreation and social contact...
>
> The Chedoke Continuing Care Centre offers a program for the young chronically ill person, but; there is no nursing home facility which caters exclusively to the younger client." (p.11)

The 1982 Annual Report indicates no change in this situation from 1976.

In 1982, the 'Final Report of the Long Term Care Task Force of Hamilton-Wentworth District Health Council' (February 1982) addressed the need for Type 2 care for the young disabled. The report states the problem as follows:

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* Not to be confused with housing 'types' previously referred to regarding the level of accessibility of units. 'Type 2'. in this case, refers specifically to the Ministry of Health's 'Patient Care Classification by Type of Care, 1975' for levels of support care (not housing accessibility).

** Placement Co-ordination Service is mandated to aid in the placement of people who require long-term care in the institution or program that can best meet their needs.

> "The non-elderly segment of the extended care population currently occupies approximately 6% of the extended care beds in the Region... Because of their age, placement in a nursing home may leave psycho-social needs of this group unmet. In addition, the Administrator of Assessment and Placement Service [a.k.a. Placement Co-ordination Service] has noted that many in this category refuse placement to a nursing home." (p.101 and p.103)

The Task Force goes on to say that:

> "The Task Force recommends that the Health Council, in conjunction with the Assessment and Placement Service, undertake further study of the need for developing appropriate programmes/facilities for extended care patients under age 65." (p.103 - Recommendation No. 10)

At present, there are 106 residents of the Chedoke Continuing Care Centre between the ages of 18 and 60. Any specific proposal for community living should include the wishes of those members of the Centre who could benefit from integration into the community at large.

Based on the foregoing, it is recommended:

12. THAT THE S.P.R.C. REQUEST THE DISTRICT HEALTH COUNCIL TO TAKE IMMEDIATE ACTION BASED UPON THE RESULTS OF RECOMMENDATION NO. 10 OF THE LONG TERM CARE TASK FORCE REPORT (FEBRUARY 1982) REGARDING NON-ELDERLY EXTENDED CARE.

Other Support Care Issues

Other issues were mentioned by the questionnaire respondents that are important to note but that the study did not focus on and, therefore, did not determine sufficient evidence to form recommendations. However, they warrant some mention.

First, the issue of funding one-on-one attendant care was mentioned by some key informants. Presently, an Order-in-Council must be obtained to provide this type of care, however this is time consuming and difficult, if not impossible, to obtain.

Second, most community respondents indicated a need for assistance with housekeeping activities. In some cases, concern was expressed about paying for housekeepers in that, in order to obtain these services, a physically disabled person had to require a professional or medical service first. These issues were not explored further in the study.

Attendant care services in the workplace was a need expressed by some key informants.

Finally, some community respondents indicated financial concerns because of the amount of money needed to pay for prescriptions and special medical needs or aids that they required.

The accumulation of all of these issues and concerns perhaps indicates a need to study the support care model operating in Hamilton-Wentworth presently.

10.4 Information Co-ordination Recommendation

Throughout the Community and Key Informant surveys, it was evident that there was a problem with a lack of information about housing and modification programs. Also, because there are many different programs located at different offices all with varying eligibility criteria, the process of first finding the information and then applying can be a very frustrating one.

The Accessible Rental Housing Register of Hamilton-Wentworth provided by the Region in 1985 is now available to the public in several locations. One important location - the Resource Centre for the Physically Disabled at the main branch of the Hamilton Public Library (55 York Boulevard) - provides a great deal of useful information for physically disabled people and it has available special devices and programs to make the information accessible. It would be beneficial to have this Registry publicized in the community.

Other information about housing rehabilitation programs and support services could also be made available at this central location.

It is recommended:

13. THE THE RESOURCE CENTRE FOR THE PHYSICALLY DISABLED AT THE MAIN BRANCH OF THE HAMILTON PUBLIC LIBRARY TAKE ON THE RESPONSIBILITY OF FURTHER COLLECTING, PROVIDING AND PUBLICIZING INFORMATION ON DISABLED HOUSING PROGRAMS, FUNDING SOURCES FOR MODIFICATIONS AND AVAILABLE SUPPORT SERVICES FOR PHYSICALLY DISABLED PERSONS.

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TABLES

COMMUNITY SAMPLE

TOTAL	=	total respondents to questionnaire (n=233)
SUB-GROUP A	=	respondents who do not want to move (n=133)
SUB-GROUP B	=	respondents who want to move (n=100)
SUB-GROUP Bi	=	respondents who want to move and who are in "serious need" (n=45)

INSTITUTIONAL SAMPLE

TOTAL	=	total respondents to questionnaire (n=20)

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COMMUNITY SAMPLE

SECTION I: CURRENT LIVING SITUATION

TABLE 1: TYPE OF DWELLING CURRENTLY LIVING IN

Type of Dwelling	Total n=231		Sub-group B n=99	
	n	%	n	%
Single family home	102	44.1	31	31.3
Apartment	87	37.7	47	47.5
Townhouse/rowhouse	16	6.9	10	10.1
Group Home	2	0.9	6	6.1
Senior citizens' residence	16	6.9	2	2.0
*Other	8	3.5	3	3.0
Sub-total	231	100.0	99	100.0
No response	2		1	
Total	233		100	

* "Other" includes responses of duplex, converted store, semi-detached, apartment in Independent Living Project and living with parents.

TABLE 2: TENURE

Tenure	Total n=222		Sub-group B n=100		Sub-Group Bi n=44	
	n	%	n	%	n	%
Own	82	36.9	21	21.0	5	11.4
Rent	140	63.1	79	79.0	39	88.6
Sub-total	222	100.0	100	100.0	44	100.0
No response	11		-		1	
Total	233		100		45	

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TABLE 3: NUMBER OF BEDROOMS CURRENTLY HAVE

Number of Bedrooms	Total n=225	
	n	%
One	76	33.8
Two	74	32.9
Three	60	26.7
Four	14	6.2
Five	1	0.4
Sub-total	225	100.0
No response	8	
Total	233	

TABLE 4: AREA OF REGION LIVE NOW

Area	Total n=228		Sub-group B n=100	
	n	%	n	%
Ancaster	6	2.6	-	-
Dundas	9	4.0	4	4.0
Flamborough	11	4.8	4	4.0
Glanbrook	1	0.4	-	-
Hamilton	186	81.6	88	88.0
Stoney Creek	15	6.6	4	4.0
Sub-total	228	100.0	100	100.0
No response	5		-	
Total	233		100	

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TABLE 5: AREA OF CITY LIVE NOW (only for respondents in Hamilton)

Area	Total n=182		Sub-group B n=85	
	n	%	n	%
Downtown Core	47	25.8	19	22.4
East End	60	33.0	24	28.2
West End	11	6.0	6	7.1
North End	12	6.6	6	7.1
East Mountain	33	18.1	20	23.5
West Mountain	19	10.5	10	11.8
Sub-total	182	100.0	85	100.0
No response	4		3	
Total	186		88	

TABLE 6: AREA OF REGION PREFER TO LIVE

Area	Total n=194		Sub-group B n=91	
	n	%	n	%
Ancaster	10	5.2	3	3.3
Dundas	10	5.2	5	5.5
Flamborough	8	4.1	1	1.1
Glanbrook	1	0.5	-	-
Hamilton	150	77.3	76	83.5
Stoney Creek	15	7.7	6	6.6
Sub-total	194	100.0	91	100.0
No response	39		9	
Total	233		100	

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TABLE 7: AREA OF CITY PREFER TO LIVE (only for respondents in Hamilton)

Area	Total n=172		Sub-group B n=82	
	n	%	n	%
Downtown Core	48	27.9	19	23.2
East End	49	28.5	19	23.2
West End	12	7.0	8	9.8
North End	5	2.9	4	4.9
East Mountain	30	17.4	18	21.9
West Mountain	28	16.3	14	17.1
Sub-total	172	100.0	82	100.1
No response	14		6	
Total	186		88	

TABLE 8: MODIFICATIONS (multiple response)

Modifications	TOTAL n=190			
	Have		Don't Have But Need	
	n	%	n	%
Kitchen				
Adjusted countertops	27	14.2	52	27.4
Lowered cupboards	24	12.6	61	32.1
Leg space under sink	30	15.8	52	27.4
Leg space under cupboards	11	5.8	37	19.5
Insulated pipes under sink	9	4.7	42	22.1
Raised indicators on stove	14	7.4	29	15.3
Front control stove	28	14.7	47	24.7
*Other	6	3.2	8	4.2
Bathroom				
Grab-rail bars	83	43.7	56	29.5
Special fixtures	29	15.3	37	19.5
Leg space under sink	45	23.7	39	20.5
Insulated pipes under sink	11	5.8	36	18.9
Wheel-in shower	17	8.9	52	27.4
*Other	9	4.7	19	10.0
General				
Ramps	60	31.6	37	19.5
Wider doorways	45	23.7	45	23.7
Light switches/outlets relocated	43	22.6	23	12.1
Elevator bell to indicate floors	10	5.3	13	6.8
Safety device on elevator doors	17	8.9	23	12.1
Flashing light on fire alarm	7	3.7	12	6.3
Flashing light for doors/ intercom	4	2.1	17	8.9
Lowered rods in closet	24	12.6	40	21.1
Accessible parking	63	33.2	23	12.1
Accessible laundry facilities	56	29.5	42	22.1
*Other	2	1.1	12	6.3
No response - 43				

cont'd...

Table 8: Modifications (multiple response) cont'd

* "Other" includes responses of:

Kitchen:	fridge with slide-out shelves, lower drawers, oven with side-open door, long-handled taps
Bathroom:	bath seat, bath lift, tub insert, armchair toilet rail, bifold door, raised toilet and bathroom on ground floor
General:	elevator, dormers, light system for telephone, stair glide, wider car-port, railing on porch, lever door handles, and electric door

TABLE 9: REASONS NEEDED MODIFICATIONS NOT MADE
(multiple response)

Reasons	Total n=189		Sub-group A n=109	
	n	%	n	%
Not applicable/not needed	79	41.8	57	52.3
Too expensive	80	42.3	48	44.0
Need information	19	10.1	11	10.1
Need help	26	13.8	14	12.8
Landlord will not allow	25	13.2	6	5.5
Temporary accommodation	28	14.8	1	0.9
*Other	3	10.6	3	2.8
No response	44		24	

* "Other" includes responses of

- "impossible to change 2 floors into 1"
- "changes have been suggested but are slow in coming"
- "lack of space"

TABLE 10: ASSISTED HOUSING

	Total n=222		Sub-group B n=100		Sub-group Bi n=44	
	n	%	n	%	n	%
In assisted housing	71	32.0	25	25.0	18	40.9
Not in assisted housing	151	68.0	75	75.0	26	59.1
Sub-total	222	100.0	100	100.0	44	100.0
No response	11		-		1	
Total	233		100		45	

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TABLE 11: WAITING LIST (for respondents not in assisted housing)

	Total n=140		Sub-group B n=62		Sub-group Bi n=25	
	n	%	n	%	n	%
On a waiting list	28	20.0	14	22.6	9	36.0
Not on a waiting list	112	80.0	48	77.4	16	64.0
Sub-total	140	100.0	62	100.0	25	100.0
No response	11		13		1	
Total	151		75		26	

TABLE 12: MEDICAL DISABILITY MADE WORSE BY CURRENT DWELLING?

	Total n=216	
	n	%
Yes	50	23.1
No	166	76.9
Sub-total	216	100.0
No response	17	
Total	233	

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TABLE 13: HEALTH OR SAFETY HAZARD IN CURRENT DWELLING?

	Total n=217	
	n	%
Yes	32	14.7
No	185	85.3
Sub-total	217	100.0
No response	16	
Total	233	

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TABLE 14: HEATING SYSTEM ADEQUATE?

	Total n=229	
	n	%
Yes	217	94.8
No	12	5.2
Sub-total	229	100.0
No response	4	
Total	233	

TABLE 15: SATISFIED WITH CURRENT DWELLING?

	Total n=229	
	n	%
Yes	156	68.1
No	73	31.9
Sub-total	299	100.0
No response	4	
Total	233	

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TABLE 16: WOULD YOU LIKE TO MOVE TO ANOTHER DWELLING?

	Total n=233	
	n	%
Yes	100	42.9
No	133	57.1
Sub-total	233	100.0
No response	-	
Total	233	

SECTION II: HOUSING PREFERENCE

TABLE 17: TYPE OF PLACE PREFERRED

Type of Place	Sub-group B n=100	
	n	%
Modified apartment with support care	22	22.0
Modified apartment without support care	26	26.0
Modified house with support care	16	16.0
Modified house without support care	17	17.0
Modified 1-level townhouse with support care	10	10.0
Modified 1-level townhouse without support care	15	15.0
Senior citizens' residence with support care	1	1.0
Senior citizens' residence without support care	-	-
Small shared dwelling with support care	-	1.0
Small shared dwelling without support care	-	-
Large shared dwelling with on-site support care	2	2.0
Nursing home	-	-
Chronic care hospital	-	-
Total	100	100.0

TABLE 18: NUMBER OF BEDROOMS REQUIRED

	Sub-group B n=98	
	n	%
One	32	32.7
Two	49	50.0
Three	15	15.3
Four	2	2.0
Sub-total	98	100.0
No response	2	
Total	100	

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TABLE 19: PROGRAM TO TEACH SELF DEPENDENCE?

	Sub-group B n=92	
	n	%
Yes	15	16.3
No	77	83.7
Sub-total	92	100.0
No response	8	
Total	100	

TABLE 20: IN LOOKING FOR ANOTHER PLACE TO LIVE, WHICH OF THE FOLLOWING ITEMS WOULD BE IMPORTANT TO YOU?

	Sub-group B n=96			
	Important		Not Important	
	n	%	n	%
a) 24-hour on-site support care	12	12.5	84	87.5
b) wheelchair accessible dwelling	54	56.3	42	43.8
c) central registry for modified housing	49	51.0	47	49.0
d) financial assistance for rent	69	71.9	27	28.2
e) financial assistance for modifications	52	54.2	44	45.8
f) flexible hours for support care	35	36.5	61	63.5
g) financial assistance for support care	41	42.7	55	57.3
No response - 4				

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TABLE 21: THE ABOVE ITEMS WERE CHOSEN WITH THE FOLLOWING FREQUENCY WHEN RESPONDENTS WERE ASKED TO CHOOSE THE THREE MOST IMPORTANT ITEMS (LISTED IN DESCENDING ORDER)

	Sub-group B n=91	
	n	%
d) financial assistance with rent	61	67.0
b) wheelchair accessible dwelling	48	52.7
g) financial assistance for support care	32	35.2
e) financial assistance for modifications	29	31.9
c) central registry for modified housing	27	29.7
f) flexible hours for support care	17	18.7
a) 24-hour on-site support care	10	11.0
No response - 9		

SECTION III: SUPPORT CARE REQUIREMENTS

TABLE 22: DIAGNOSED DISABILITY (multiple response)

Disability	Total n=227		Sub-group B n=100		Sub-group Bi n=45	
	n	%	n	%	n	%
Spinal Cord injury	28	12.3	14	14.0	6	13.3
Spina bifida	6	2.6	6	6.0	3	6.7
Cerebral palsy	30	13.2	11	11.0	8	17.8
Muscular dystrophy	6	2.6	3	3.0	2	4.4
Stroke damage	16	7.0	7	7.0	2	4.4
Head injury	3	1.3	3	3.0	1	2.2
Amputation	32	14.1	10	10.0	5	11.1
Arthritis	54	23.8	25	25.0	9	20.0
Multiple sclerosis	32	14.1	11	11.0	3	6.7
Polio	7	3.1	4	4.0	1	2.2
Cancer	3	1.3	2	2.0	-	-
Blindness	11	4.8	8	8.0	4	8.9
Deafness	18	7.9	9	9.0	5	11.1
Epilepsy	8	3.5	5	5.0	2	4.4
Diabetes	20	8.8	7	7.0	-	-
*Other	62	27.3	23	23.0	13	28.9
No response	6					

*Other diagnosed disabilities include response of:

- hip replacement and chronic asthma
- scoliosis and hip replacement
- myasthenia gravis
- edema
- asthma and disc problems in neck and spine

cont'd...

Table 22: Diagnosed Disability (multiple response) cont'd

- Crohns, T.B., ankylosis, spondylitis, kidney stones, osteoperosis, fibrosis, degenerating joint disease, hiatus hernia, hole in lung, heart, ileo rectal anastymosis, malabsorption syndrome, pancreatic insuffiency, ulcers
- heart problems
- neck and shoulder
- chronic lung damage and heart failure
- lack of co-ordination and nervous disorder
- degenerative disc disease
- back injury; chronic low back pain
- lupus
- Parkinson's disease
- severe mental retardation and in wheelchair
- Hurlur's syndrome
- Trak
- paraplegic due to transverse myelitis
- ulcers
- deteriorating ligament
- sympathectomy
- brain damage due to near drowning; quadraplegia
- cataracts
- verticulosis, lumbar disc disease, emphysema and bronchitis
- left shoulder fused
- hereditary spastic quadraplegia
- heart and lung, twisted bowel, severe disc disease
- back and arm problems
- asymthis - deterioration of discs in back of neck and lower back
- amyotrophic lateral sclerosis (ALS)

TABLE 23: USE A MOBILITY AID?

	Total n=217		Sub-group B n=97		Sub-group Bi n=43	
	n	%	n	%	n	%
Yes	181	83.4	83	85.6	35	81.4
No	36	16.6	14	14.4	8	18.6
Sub-total	217	100.0	97	100.0	43	100.0
No response	16		3		2	
Total	233		100		45	

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TABLE 24: WHICH AID(S) AND FULL-TIME OR PART-TIME (for respondents who said 'yes' in Table 23) (multiple response)

Aid	Total n=181				Sub-group B n=83				Sub-group Bi n=35			
	Full-time		Part-time		Full-time		Part-time		Full-time		Part-time	
	n	%	n	%	n	%	n	%	n	%	n	%
Cane	45	24.9	34	18.8	20	24.1	20	24.1	4	11.4	7	20.0
Crutches	10	5.5	11	6.1	3	3.6	5	6.0	4	11.4	1	2.9
Walker	9	5.0	13	7.2	4	4.8	4	4.8	3	8.6	2	5.7
Wheel-chair	83	45.9	45	24.9	29	34.9	22	26.5	13	37.1	10	28.6
*Other			19	10.5			5	6.0			3	8.6

*"Other" includes: back brace, leg braces, artificial legs, shoe-horn brace and hinged knee brace, leg-hip brace, oxygen, cervical collar, white-cane, hoyer lift, and pogon.

TABLE 25: ACTIVITIES FOR WHICH ASSISTANCE IS RECEIVED
(multiple response)

Activities	Total n=219		Sub-group Bi n=41	
	n	%	n	%
Eating and drinking	33	15.1	7	17.1
Dressing	75	34.2	13	31.7
Washing/bathing	96	43.8	13	31.7
Toileting	48	21.9	11	26.8
Grooming	49	22.4	14	34.1
Getting into and out of bed	70	32.0	14	34.1
Light housekeeping	126	57.5	24	58.5
Meal preparation	107	48.9	23	56.1
Laundry	151	68.9	29	70.7
Grocery shopping	152	69.4	30	73.2
Home maintenance	158	72.1	29	70.7
*Other	22	10.1	4	9.8
No response	14		4	

*"Other" includes assistance with: answering telephone, reading mail, travel/transportation, shopping and visiting, opening doors, heavy moving, wheelchair maintenance, and budgeting.

TABLE 26: NUMBER OF HOURS CARE RECEIVED PER DAY

Number of Hours	Total n=134		Sub-group B n=56		Sub-group Bi n=25	
	n	%	n	%	n	%
.5- 2	29	21.6	11	19.6	7	28.0
2.5- 4	42	31.3	18	32.1	8	32.0
4.5- 6	13	9.7	5	8.9	3	12.0
6.5- 8	7	5.2	3	5.4	1	4.0
8.5-10	3	2.3	2	3.6	2	8.0
10.5-12	6	4.5	3	5.4	-	-
12.5-24	20	14.9	8	14.3	4	16.0
*Other	14	10.5	6	10.7	-	-
Sub-total	134	100.0	56	100.0	25	100.0
**No response	99		44		20	
Total	233		100		45	

* Other response include - occasional, varies, somedays, 1 to 4 hours per week, 5 to 10 hours per week and 4 to 6 hours per month.

** No response includes "zero" or "n/a"

TABLE 27: TIMES ASSISTANCE IS NEEDED (multiple response)

Times	Total n=160		Sub-group B n=69		Sub-group Bi n=31	
	n	%	n	%	n	%
6- 8 a.m.	33	20.6	15	21.7	7	22.6
8-10	50	31.3	19	27.5	9	29.0
10-12 noon	39	24.4	17	24.6	9	29.0
12- 2 p.m.	50	31.3	21	30.4	6	19.4
2- 4	34	21.3	15	21.7	7	22.6
4- 6	48	30.0	18	26.1	6	19.4
6- 8	33	20.6	13	18.8	6	19.4
8-10	31	19.4	11	15.9	4	12.9
10-12 midnight	32	20.0	13	18.8	6	19.4
12- 6 a.m.	15	9.4	8	11.6	6	19.4
Unable to anticipate	92	57.5	43	62.3	18	58.1
*No response	73		31		14	

*"No response" includes "none needed" or "n/a"

TABLE 28: SERVICES RECEIVED (multiple response)

Services	Total n=203[1]		Sub-group B n=88[2]		Sub-group Bi n=39[3]	
	"yes" responses	%	"yes" responses	%	"yes" responses	%
Nursing Care	46	22.7	19	21.6	9	23.1
Physical therapy	38	18.7	15	17.0	4	10.3
Speech therapy	10	4.9	3	3.4	1	2.7
Occupational therapy	31	15.3	12	13.6	6	15.4
No response	30		12		6	

[1] Total (n=203) is the sum of all "yes" and "no" responses (excludes "no response")

[2] Sub-group B (n=88) is the sum of all "yes" and "no" responses (excludes "no response")

[3] Sub-group Bi (n=39) is the sum of all "yes" and "no" responses (excludes "no response")

TABLE 29: NUMBER OF VISITS PER WEEK (multiple response)

Service and Number of Visits		Total n	Sub-group B n	Sub-group Bi n
Nursing Care	- One	15	6	3
	Two	10	3	1
	Three	5	3	2
	More	12	7	3
	Sub-total	42	19	9
	No response	4	--	-
	Total	46	19	9
Physical therapy	- One	13	1	-
	Two	11	3	1
	Three	3	4	2
	More	5	2	-
	Sub-total	32	10	3
	No response	6	5	1
	Total	38	15	4
Speech therapy	- One	3	2	-
	Two	1	-	-
	Three	-	-	-
	More	2	-	-
	Sub-total	6	2	1
	No response	4	1	1
	Total	10	3	1
Occupational therapy	- One	17	7	4
	Two	4	1	-
	Three	1	1	-
	More	-	-	-
	Sub-total	22	9	4
	No response	9	3	2
	Total	31	12	6

TABLE 30: DURING THE PAST YEAR, HAVE YOU USED ANY RELIEF SERVICE THAT ALLOWS YOU AND/OR YOUR CARE-GIVER TO HAVE A REST OR VACATION?

	Total n=209	
	n	%
Yes	34	16.3
No	175	83.7
Sub-total	209	100.0
No response	24	
Total	233	

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TABLE 31: WHY HAVE YOU NOT USED RELIEF SERVICE? (for respondents who said no in Table 30)

	Total n=166	
	n	%
Service not needed/wanted	101	60.8
Service not available	4	2.4
Service too expensive	20	12.1
Did not know about service	39	23.5
*Other	2	1.2
Sub-total	166	100.0
No response	9	
Total	175	

*Other includes "cannot afford a vacation" and "no time off work"

TABLE 9: REASONS NEEDED MODIFICATIONS NOT MADE
(multiple response)

Reasons	Total n=189		Sub-group A n=109	
	n	%	n	%
Not applicable/not needed	79	41.8	57	52.3
Too expensive	80	42.3	48	44.0
Need information	19	10.1	11	10.1
Need help	26	13.8	14	12.8
Landlord will not allow	25	13.2	6	5.5
Temporary accommodation	28	14.8	1	0.9
*Other	3	10.6	3	2.8
No response	44		24	

* "Other" includes responses of

- "impossible to change 2 floors into 1"
- "changes have been suggested but are slow in coming"
- "lack of space"

TABLE 10: ASSISTED HOUSING

	Total n=222		Sub-group B n=100		Sub-group Bi n=44	
	n	%	n	%	n	%
In assisted housing	71	32.0	25	25.0	18	40.9
Not in assisted housing	151	68.0	75	75.0	26	59.1
Sub-total	222	100.0	100	100.0	44	100.0
No response	11		-		1	
Total	233		100		45	

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TABLE 11: WAITING LIST (for respondents not in assisted housing)

	Total n=140		Sub-group B n=62		Sub-group Bi n=25	
	n	%	n	%	n	%
On a waiting list	28	20.0	14	22.6	9	36.0
Not on a waiting list	112	80.0	48	77.4	16	64.0
Sub-total	140	100.0	62	100.0	25	100.0
No response	11		13		1	
Total	151		75		26	

TABLE 12: MEDICAL DISABILITY MADE WORSE BY CURRENT DWELLING?

	Total n=216	
	n	%
Yes	50	23.1
No	166	76.9
Sub-total	216	100.0
No response	17	
Total	233	

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TABLE 13: HEALTH OR SAFETY HAZARD IN CURRENT DWELLING?

	Total n=217	
	n	%
Yes	32	14.7
No	185	85.3
Sub-total	217	100.0
No response	16	
Total	233	

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TABLE 14: HEATING SYSTEM ADEQUATE?

	Total n=229	
	n	%
Yes	217	94.8
No	12	5.2
Sub-total	229	100.0
No response	4	
Total	233	

TABLE 15: SATISFIED WITH CURRENT DWELLING?

	Total n=229	
	n	%
Yes	156	68.1
No	73	31.9
Sub-total	299	100.0
No response	4	
Total	233	

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TABLE 16: WOULD YOU LIKE TO MOVE TO ANOTHER DWELLING?

	Total n=233	
	n	%
Yes	100	42.9
No	133	57.1
Sub-total	233	100.0
No response	-	
Total	233	

SECTION II: HOUSING PREFERENCE

TABLE 17: TYPE OF PLACE PREFERRED

Type of Place	Sub-group B n=100	
	n	%
Modified apartment with support care	22	22.0
Modified apartment without support care	26	26.0
Modified house with support care	16	16.0
Modified house without support care	17	17.0
Modified 1-level townhouse with support care	10	10.0
Modified 1-level townhouse without support care	15	15.0
Senior citizens' residence with support care	1	1.0
Senior citizens' residence without support care	-	-
Small shared dwelling with support care	-	1.0
Small shared dwelling without support care	-	-
Large shared dwelling with on-site support care	2	2.0
Nursing home	-	-
Chronic care hospital	-	-
Total	100	100.0

TABLE 18: NUMBER OF BEDROOMS REQUIRED

	Sub-group B n=98	
	n	%
One	32	32.7
Two	49	50.0
Three	15	15.3
Four	2	2.0
Sub-total	98	100.0
No response	2	
Total	100	

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TABLE 19: PROGRAM TO TEACH SELF DEPENDENCE?

	Sub-group B n=92	
	n	%
Yes	15	16.3
No	77	83.7
Sub-total	92	100.0
No response	8	
Total	100	

TABLE 20: IN LOOKING FOR ANOTHER PLACE TO LIVE, WHICH OF THE FOLLOWING ITEMS WOULD BE IMPORTANT TO YOU?

	Sub-group B n=96			
	Important		Not Important	
	n	%	n	%
a) 24-hour on-site support care	12	12.5	84	87.5
b) wheelchair accessible dwelling	54	56.3	42	43.8
c) central registry for modified housing	49	51.0	47	49.0
d) financial assistance for rent	69	71.9	27	28.2
e) financial assistance for modifications	52	54.2	44	45.8
f) flexible hours for support care	35	36.5	61	63.5
g) financial assistance for support care	41	42.7	55	57.3
No response - 4				

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TABLE 21: THE ABOVE ITEMS WERE CHOSEN WITH THE FOLLOWING FREQUENCY WHEN RESPONDENTS WERE ASKED TO CHOOSE THE THREE MOST IMPORTANT ITEMS (LISTED IN DESCENDING ORDER)

	Sub-group B n=91	
	n	%
d) financial assistance with rent	61	67.0
b) wheelchair accessible dwelling	48	52.7
g) financial assistance for support care	32	35.2
e) financial assistance for modifications	29	31.9
c) central registry for modified housing	27	29.7
f) flexible hours for support care	17	18.7
a) 24-hour on-site support care	10	11.0
No response - 9		

SECTION III: SUPPORT CARE REQUIREMENTS

TABLE 22: DIAGNOSED DISABILITY (multiple response)

Disability	Total n=227		Sub-group B n=100		Sub-group Bi n=45	
	n	%	n	%	n	%
Spinal Cord injury	28	12.3	14	14.0	6	13.3
Spina bifida	6	2.6	6	6.0	3	6.7
Cerebral palsy	30	13.2	11	11.0	8	17.8
Muscular dystrophy	6	2.6	3	3.0	2	4.4
Stroke damage	16	7.0	7	7.0	2	4.4
Head injury	3	1.3	3	3.0	1	2.2
Amputation	32	14.1	10	10.0	5	11.1
Arthritis	54	23.8	25	25.0	9	20.0
Multiple sclerosis	32	14.1	11	11.0	3	6.7
Polio	7	3.1	4	4.0	1	2.2
Cancer	3	1.3	2	2.0	-	-
Blindness	11	4.8	8	8.0	4	8.9
Deafness	18	7.9	9	9.0	5	11.1
Epilepsy	8	3.5	5	5.0	2	4.4
Diabetes	20	8.8	7	7.0	-	-
*Other	62	27.3	23	23.0	13	28.9
No response	6					

*Cther diagnosed disabilities include response of:

- hip replacement and chronic asthma
- scoliosis and hip replacement
- myasthenia gravis
- edema
- asthma and disc problems in neck and spine

cont'd...

Table 22: Diagnosed Disability (multiple response) cont'd

- Crohns, T.B., ankylosis, spondylitis, kidney stones, osteoperosis, fibrosis, degenerating joint disease, hiatus hernia, hole in lung, heart, ileo rectal anastymosis, malabsorption syndrome, pancreatic insuffiency, ulcers
- heart problems
- neck and shoulder
- chronic lung damage and heart failure
- lack of co-ordination and nervous disorder
- degenerative disc disease
- back injury; chronic low back pain
- lupus
- Parkinson's disease
- severe mental retardation and in wheelchair
- Hurlur's syndrome
- Trak
- paraplegic due to transverse myelitis
- ulcers
- deteriorating ligament
- sympathectomy
- brain damage due to near drowning; quadraplegia
- cataracts
- verticulosis, lumbar disc disease, emphysema and bronchitis
- left shoulder fused
- hereditary spastic quadraplegia
- heart and lung, twisted bowel, severe disc disease
- back and arm problems
- asymthis - deterioration of discs in back of neck and lower back
- amyotrophic lateral sclerosis (ALS)

TABLE 23: USE A MOBILITY AID?

	Total n=217		Sub-group B n=97		Sub-group Bi n=43	
	n	%	n	%	n	%
Yes	181	83.4	83	85.6	35	81.4
No	36	16.6	14	14.4	8	18.6
Sub-total	217	100.0	97	100.0	43	100.0
No response	16		3		2	
Total	233		100		45	

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TABLE 24: WHICH AID(S) AND FULL-TIME OR PART-TIME (for respondents who said 'yes' in Table 23) (multiple response)

Aid	Total n=181				Sub-group B n=83				Sub-group Bi n=35			
	Full-time		Part-time		Full-time		Part-time		Full-time		Part-time	
	n	%	n	%	n	%	n	%	n	%	n	%
Cane	45	24.9	34	18.8	20	24.1	20	24.1	4	11.4	7	20.0
Crutches	10	5.5	11	6.1	3	3.6	5	6.0	4	11.4	1	2.9
Walker	9	5.0	13	7.2	4	4.8	4	4.8	3	8.6	2	5.7
Wheel-chair	83	45.9	45	24.9	29	34.9	22	26.5	13	37.1	10	28.6
*Other			19	10.5			5	6.0			3	8.6

*"Other" includes: back brace, leg braces, artificial legs, shoe-horn brace and hinged knee brace, leg-hip brace, oxygen, cervical collar, white-cane, hoyer lift, and pogon.

TABLE 25: ACTIVITIES FOR WHICH ASSISTANCE IS RECEIVED
(multiple response)

Activities	Total n=219		Sub-group B1 n=41	
	n	%	n	%
Eating and drinking	33	15.1	7	17.1
Dressing	75	34.2	13	31.7
Washing/bathing	96	43.8	13	31.7
Toileting	48	21.9	11	26.8
Grooming	49	22.4	14	34.1
Getting into and out of bed	70	32.0	14	34.1
Light housekeeping	126	57.5	24	58.5
Meal preparation	107	48.9	23	56.1
Laundry	151	68.9	29	70.7
Grocery shopping	152	69.4	30	73.2
Home maintenance	158	72.1	29	70.7
*Other	22	10.1	4	9.8
No response	14		4	

*"Other" includes assistance with: answering telephone, reading mail, travel/transportation, shopping and visiting, opening doors, heavy moving, wheelchair maintenance, and budgeting.

TABLE 26: NUMBER OF HOURS CARE RECEIVED PER DAY

Number of Hours	Total n=134		Sub-group B n=56		Sub-group Bi n=25	
	n	%	n	%	n	%
.5- 2	29	21.6	11	19.6	7	28.0
2.5- 4	42	31.3	18	32.1	8	32.0
4.5- 6	13	9.7	5	8.9	3	12.0
6.5- 8	7	5.2	3	5.4	1	4.0
8.5-10	3	2.3	2	3.6	2	8.0
10.5-12	6	4.5	3	5.4	-	-
12.5-24	20	14.9	8	14.3	4	16.0
*Other	14	10.5	6	10.7	-	-
Sub-total	134	100.0	56	100.0	25	100.0
**No response	99		44		20	
Total	233		100		45	

* Other response include - occasional, varies, somedays, 1 to 4 hours per week, 5 to 10 hours per week and 4 to 6 hours per month.

** No response includes "zero" or "n/a"

TABLE 27: TIMES ASSISTANCE IS NEEDED (multiple response)

Times	Total n=160		Sub-group B n=69		Sub-group Bi n=31	
	n	%	n	%	n	%
6- 8 a.m.	33	20.6	15	21.7	7	22.6
8-10	50	31.3	19	27.5	9	29.0
10-12 noon	39	24.4	17	24.6	9	29.0
12- 2 p.m.	50	31.3	21	30.4	6	19.4
2- 4	34	21.3	15	21.7	7	22.6
4- 6	48	30.0	18	26.1	6	19.4
6- 8	33	20.6	13	18.8	6	19.4
8-10	31	19.4	11	15.9	4	12.9
10-12 midnight	32	20.0	13	18.8	6	19.4
12- 6 a.m.	15	9.4	8	11.6	6	19.4
Unable to anticipate	92	57.5	43	62.3	18	58.1
*No response	73		31		14	

*"No response" includes "none needed" or "n/a"

TABLE 28: SERVICES RECEIVED (multiple response)

Services	Total n=203[1]		Sub-group B n=88[2]		Sub-group Bi n=39[3]	
	"yes" responses	%	"yes" responses	%	"yes" responses	%
Nursing Care	46	22.7	19	21.6	9	23.1
Physical therapy	38	18.7	15	17.0	4	10.3
Speech therapy	10	4.9	3	3.4	1	2.7
Occupational therapy	31	15.3	12	13.6	6	15.4
No response	30		12		6	

[1] Total (n=203) is the sum of all "yes" and "no" responses (excludes "no response")

[2] Sub-group B (n=88) is the sum of all "yes" and "no" responses (excludes "no response")

[3] Sub-group Bi (n=39) is the sum of all "yes" and "no" responses (excludes "no response")

TABLE 29: NUMBER OF VISITS PER WEEK (multiple response)

Service and Number of Visits		Total n	Sub-group B n	Sub-group Bi n
Nursing Care	- One	15	6	3
	Two	10	3	1
	Three	5	3	2
	More	12	7	3
	Sub-total	42	19	9
	No response	4	--	-
	Total	46	19	9
Physical therapy	- One	13	1	-
	Two	11	3	1
	Three	3	4	2
	More	5	2	-
	Sub-total	32	10	3
	No response	6	5	1
	Total	38	15	4
Speech therapy	- One	3	2	-
	Two	1	-	-
	Three	-	-	-
	More	2	-	-
	Sub-total	6	2	1
	No response	4	1	1
	Total	10	3	1
Occupational therapy	- One	17	7	4
	Two	4	1	-
	Three	1	1	-
	More	-	-	-
	Sub-total	22	9	4
	No response	9	3	2
	Total	31	12	6

TABLE 30: DURING THE PAST YEAR, HAVE YOU USED ANY RELIEF SERVICE THAT ALLOWS YOU AND/OR YOUR CARE-GIVER TO HAVE A REST OR VACATION?

	Total n=209	
	n	%
Yes	34	16.3
No	175	83.7
Sub-total	209	100.0
No response	24	
Total	233	

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TABLE 31: WHY HAVE YOU NOT USED RELIEF SERVICE? (for respondents who said no in Table 30)

	Total n=166	
	n	%
Service not needed/wanted	101	60.8
Service not available	4	2.4
Service too expensive	20	12.1
Did not know about service	39	23.5
*Other	2	1.2
Sub-total	166	100.0
No response	9	
Total	175	

*Other includes "cannot afford a vacation" and "no time off work"

TABLE 32: CURRENT SOURCE(S) OF SUPPORT CARE
(multiple response)

	Total n=200	
	n	%
Family/friends	171	85.5
Home Care Program	51	25.5
D.A.R.T.S.	125	62.5
Meals-on-Wheels	2	1.0
Victorian Order of Nurses	36	18.0
Extend-A-Family	6	3.0
Visiting Homemakers' Assoc.	42	21.0
Helping Hands	21	10.5
Private Attendant	4	2.0
*Other	37	18.5
**No Response	33	

*Other includes: March of Dimes Independent Living Project, Canadian Hearing Society, Comcare, social services, St. Elizabeth's Visiting Nurses, Arthritis Society, students, hired help, Dundas Red Cross homemaker, YMCA, and resident O.T. in senior citizens' residence

**No response includes "none used"

TABLE 33: SATISFIED WITH THE WAY SUPPORT CARE NEEDS ARE BEING MET?

	Total n=193	
	n	%
Yes	161	83.4
No	32	16.6
Sub-total	193	100.0
No response	40	
Total	233	

SECTION IV: DEMOGRAPHICS

TABLE 34: AGE

Age	Total n=227		Sub-group A n=129		Sub-group B n=98		Sub-group Bi n=45	
	n	%	n	%	n	%	n	%
80-100	6	2.6	5	3.9	1	1.0	-	-
70-79	18	7.9	11	8.5	7	7.1	-	-
60-69	25	11.0	15	11.6	10	10.2	2	4.5
50-59	52	22.9	32	24.8	20	20.4	11	24.5
40-49	37	16.3	19	14.7	18	18.4	6	13.3
30-39	49	21.6	25	19.4	24	24.5	15	33.3
20-29	23	10.2	12	9.3	11	11.2	9	20.0
10-19	9	4.0	4	3.1	5	5.1	-	-
0-9	8	3.5	6	4.7	2	2.1	2	4.5
Sub-total	227	100.0	129	100.0	98	100.0	45	100.1
No Response	6		4		2		--	
Total	233		133		100		45	

TABLE 35: SEX

Sex	Total n=228		Sub-group A n=128		Sub-group B n=98		Sub-group Bi n=45	
	n	%	n	%	n	%	n	%
Male	113	49.6	64	50.0	49	49.0	24	53.3
Female	115	50.4	64	50.0	51	51.0	21	46.7
Sub-total	228	100.0	128	100.0	100	100.0	45	100.0
No Response	5		5		-		--	
Total	233		133		100		45	

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TABLE 36: MARITAL STATUS

Marital Status	Total n=228		Sub-group A n=133		Sub-group B n=98		Sub-group Bi n=45	
	n	%	n	%	n	%	n	%
Single	95	41.7	57	43.8	38	38.8	24	53.3
Married	77	33.7	46	35.4	31	31.6	7	15.6
Separated	13	5.7	8	6.2	5	5.1	4	8.9
Divorced	18	7.9	7	5.4	11	11.2	7	15.6
Widowed	21	9.2	10	7.7	11	11.2	2	4.5
Common-law	4	1.8	2	1.5	2	2.1	1	2.2
Sub-total	228	100.0	130	100.0	98	100.0	45	100.1
No Response	5		3		2		--	
Total	233		133		100		45	

TABLE 37: FAMILY/HOUSEHOLD SIZE

Number of Persons	Total n=227		Sub-group A n=130		Sub-group B n=97		Sub-group Bi n=45	
	n	%	n	%	n	%	n	%
One	86	37.9	47	36.2	39	40.2	29	64.4
Two	74	32.9	40	30.8	34	35.1	6	13.3
Three	31	13.6	15	11.5	16	16.5	7	15.6
Four	20	8.8	16	12.3	4	4.1	2	4.5
Five	12	5.3	9	6.9	3	3.1	1	2.2
Six	4	1.8	3	2.3	1	1.0	-	--
Sub-total	227	100.0	130	100.0	97	100.0	45	100.0
No response	6		3		3		-	
Total	233		133		100		45	

TABLE 38: GROSS MONTHLY INCOME OF FAMILY/HOUSEHOLD

Dollars per month	Total n=200		Sub-group A n=111		Sub-group B n=89		Sub-group B1 n=111	
	n	%	n	%	n	%	n	%
400 or less	7	3.5	6	5.4	1	1.1	1	2.2
400- 600	51	25.5	21	18.9	30	33.7	27	60.0
601- 800	37	18.5	19	17.2	18	20.2	9	20.0
801-1000	35	17.5	20	18.0	15	16.9	4	8.9
1001-1200	22	11.0	13	11.7	9	10.1	2	4.5
1201-1400	6	3.0	4	3.6	2	2.2	--	-
1401-1600	11	5.5	7	6.3	4	4.5	1	2.2
1601-1800	2	1.0	-	-	2	2.3	--	-
1801-2000	9	4.5	7	6.3	2	2.3	--	-
2001 or more	20	10.0	14	12.6	6	6.7	1	2.2
Sub-total	200	100.0	111	100.0	89	100.0	45	100.0
No Response	33		22		11		--	
Total	233		133		100		45	

TABLE 39: IN TEMPORARY EMERGENCY HOUSING?

	Total n=215	
	n	%
Yes	0	0
No	215	100.0
Sub-total	215	100.0
No response	18	
Total	233	

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TABLE 40: RENT PER MONTH

Rent per month	Total n=158	
	n	%
Less than $100	26	16.5
100-150	19	12.0
151-200	16	10.1
201-250	18	11.4
251-300	20	12.7
301-350	19	12.0
351-400	19	12.0
More than $400	21	13.3
Sub-total	158	100.1
No response	75	
Total	233	

TABLE 41: GAS/OIL PER MONTH

Gas/oil per month	Total n=71	
	n	%
$15 or less	3	4.2
$16-20	1	1.4
$21-30	6	8.5
$31-40	3	4.2
$41-50	4	5.6
$51-60	8	11.3
$61-70	9	12.7
More than 70	37	52.1
Sub-total	71	100.0
No response	162	
Total	233	

TABLE 42: HYDRO PER MONTH

Hydro per month	Total n=113	
	n	%
$15 or less	9	8.0
$16-20	12	10.6
$21-30	29	25.7
$31-40	14	12.4
$41-50	14	12.4
$51-60	13	11.5
$61-70	6	5.3
More than 70	16	14.2
Sub-total	113	100.1
No response	120	
Total	233	

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TABLE 43: WATER PER MONTH

Water per month	Total n=23	
	n	%
$15 or less	16	69.6
$16-20	2	8.7
$21-30	2	8.7
$31-40	2	8.7
More than 40	1	4.3
Sub-total	23	100.0
No response	210	
Total	233	

INSTITUTIONAL SAMPLE:

SECTION I: CURRENT LIVING SITUATION

Table 44: Type of Dwelling

Table 45: Main Reason for Living There

Table 46: Applied for Housing in Community?

Table 47: Where Applied To?

Table 48: Preferred Area of Hamilton-Wentworth Region

Table 49: Preferred Area of Hamilton

Table 50: Satisfied with Current Accommodation?

Table 51: Would You Like to Move?

SECTION II: HOUSING PREFERENCES

Table 52: Preferred Type of Dwelling

Table 53: Would you Require a Life-skills Program?

Table 54: What Modifications Would be Needed?

Table 55: In Looking for Another Place to Live, Which of the Following Would be Important to You?

Table 56: Frequency of Items Chosen as Three Most Important

SECTION III: SUPPORT CARE REQUIREMENTS

Table 57: Diagnosed Disability

Table 58: Capable of Living in Community?

Table 59: Use a Mobility Aid?

Table 60: Which Aid(s) and Full-time or Part-time?

Table 61: Activities for Which Assistance is Required

Table 62: Number of Hours of Care Received Per Day

Table 63: Time Assistance is Needed

Table 64: Services Received

Table 65: Number of Hours Per Week (services)

Table 66: If You Lived in Community, Would You Require Assistance with the Following?

Table 67: Age

Table 68: Sex

Table 69: Marital Status

Table 70: Estimated Monthly Income if in Community

INSTITUTIONAL SAMPLE

SECTION I: CURRENT LIVING SITUATION

TABLE 44: TYPE OF DWELLING n=20

	n	%
Large shared dwelling with 30 others and on-site support care	1	5.0
Nursing home	4	20.0
Rehabilitation hospital or unit	11	55.0
Chronic care hospital	3	15.0
*Other	1	5.0
Total	20	100.0

* "Other" response is Hamilton Psychiatric Hospital

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TABLE 45: MAIN REASON FOR LIVING THERE n=16

		n	%
Need of help		5	31.2
Need of attendant care		2	12.5
Awaiting housing/funding		3	18.8
Rehabilitation		5	31.2
No other option		1	6.3
	Sub-total	16	100.0
	No Response	4	
	Total	20	

TABLE 46: APPLIED FOR HOUSING IN COMMUNITY? n=17

	n	%
Yes	4	23.5
No	13	76.5
Sub-total	17	100.0
No response	3	
Total	20	

* * * * * * * * *

TABLE 47: WHERE APPLIED TO? (for respondents who said yes in Table 3) n=4

	n	%
H.W.H.A.	0	0.00
Victoria Park	1	25.0
Kiwanis	0	00.0
Urban Native Homes	0	00.0
Co-operative	1	25.0
*Other	2	50.0
Total	4	100.0

*"Other" responses include: 20 Emerald Street North

Boarding homes recommended by Placement Co-ordination Service

TABLE 48: PREFERRED AREA OF HAMILTON-WENTWORTH REGION n=19

	n	%
Ancaster	0	0.0
Dundas	2	10.5
Flamborough	0	00.0
Hamilton	15	79.0
Stoney Creek	2	10.5
Sub-total	19	100.0
No response	1	
Total	20	

* * * * * * * * * *

TABLE 49: PREFERRED AREA OF HAMILTON (for those who chose Hamilton in Table 48) n=14

	n	%
Downtown core	0	00.0
East End	6	42.9
West End	2	14.3
North End	1	7.1
East Mountain	2	14.3
West Mountain	3	21.4
Sub-total	14	100.0
No response	1	
Total	15	

TABLE 50: SATISFIED WITH CURRENT ACCOMMODATION? n=20

	n	%
Yes	9	45.0
No	11	55.0
Total	20	100.0

* * * * * * * * * *

TABLE 51: WOULD YOU LIKE TO MOVE? n=20

	n	%
Yes	16	80.0
No	4	20.0
Total	20	100.0

SECTION II: HOUSING PREFERENCES

TABLE 52: PREFERRED TYPE OF DWELLING n=16

	n	%
Modified apartment with support care	5	31.3
Modified apartment without support care	0	00.0
Modified house with support care	7	43.8
Modified house without support care	0	00.0
Modified 1-level townhouse with support care	2	12.5
Modified 1-level townhouse without support care	0	00.0
Senior citizens' residence with support care	1	6.2
Senior citizens' residence without support care	0	00.0
Small shared dwelling with support care	0	00.0
Small shared dwelling without support care	0	00.0
Large shared dwelling with on-site support care	1	6.2
Nursing home	0	00.0
Chronic care hospital	0	00.0
Total	16	100.0

* * * * * * * * * *

TABLE 53: WOULD YOU REQUIRE A LIFE-SKILLS PROGRAM? n=16

	n	%
Yes	7	43.8
No	9	56.2
Total	16	100.0

TABLE 54: WHAT MODIFICATIONS WOULD BE NEEDED?
(multiple response n=16)

	Need		Don't Need	
	n	%	n	%
Kitchen				
Adjusted countertops	10	62.5	6	37.5
Lowered cupboards	10	62.5	6	37.5
Leg space under cupboards	8	50.0	8	50.0
Leg space under sink	10	62.5	6	37.5
Insulated pipes under sink	9	56.2	7	43.8
Front control stove	11	68.8	5	31.2
Raised indicators on stove	2	12.5	14	87.5
Bathroom				
Grab-rail bars	12	75.0	4	25.0
Special fixtures	11	68.8	5	31.2
Leg space under sink	13	81.2	3	18.8
Insulated pipes under sink	12	75.0	4	25.0
Wheel-in shower	13	81.2	3	18.8
*Other	2	12.5	0	00.0
General				
Ramps	16	100.0	0	00.0
Wider doorways	16	100.0	0	00.0
Light switches/outlets relocated	11	68.8	5	31.2
Lever-type door handles	10	62.5	6	37.5
Elevator bell to indicate floor	3	18.8	13	81.2
Safety feature on elevator doors	8	50.0	8	50.0
Flashing light on fire alarm	3	18.8	13	81.2
Flashing light for doors	2	12.5	14	87.5
Lowered rods in closet	10	62.5	6	37.5
Accessible parking	11	68.8	5	31.2
Accessible laundry	9	56.2	7	43.8

* "Other" responses include raised toilet and wheelchair accessible toilet

TABLE 55: IN LOOKING FOR ANOTHER PLACE TO LIVE, WHICH OF THE FOLLOWING WOULD BE IMPORTANT TO YOU? (multiple response n=16)

	Important		Not Important	
	n	%	n	%
a) 24-hour on-site support care	10	62.5	6	37.5
b) wheelchair accessible dwelling	16	100.0	0	00.0
c) central registry for modified housing	9	56.2	7	43.8
d) financial assistance for rent	14	87.5	2	12.5
e) financial assistance for modifications	15	93.8	1	6.2
f) flexible hours for support care	14	87.5	2	12.5
g) financial assistance with support care	15	93.8	1	6.2

* * * * * * * * * *

TABLE 56: THE ABOVE ITEMS WERE CHOSEN WITH THE FOLLOWING FREQUENCY WHEN RESPONDENTS WERE ASKED TO CHOOSE THE THREE MOST IMPORTANT ITEMS (listed in descending order) (multiple response n=16)

	n	%
b) wheelchair accessible dwelling	11	68.8
d) financial assistance with rent	11	68.8
g) financial assistance with support care	9	56.2
a) 24-hour on-site support care	8	50.0
f) flexible hours for support care	5	31.2
e) financial assistance for modifications	4	25.0
c) central registry for modified housing	0	00.0

SECTION III: SUPPORT CARE REQUIREMENTS

TABLE 57: DIAGNOSED DISABILITY (multiple response n=15)

	n	%
Spinal cord injury	6	40.0
Spina bifida	0	00.0
Cerebral palsy	1	6.7
Muscular dystrophy	0	00.0
Stroke damage	3	20.0
Head injury	1	6.7
Amputation	0	00.0
Arthritis	3	20.0
Multiple sclerosis	1	6.7
Polio	1	6.7
Cancer	0	00.0
Blindness	0	00.0
Deafness	0	00.0
Epilepsy	2	13.3
Diabetes	0	00.0
*Other	3	20.0
No response - 1		

*"Other" responses include unable to walk, MR, and severe siatic nerve problem.

TABLE 58: CAPABLE OF LIVING IN COMMUNITY WITH ADEQUATE HOUSING AND SUPPORT CARE SERVICES? n=16

	n	%
Yes	16	100.0
No	0	0.0
Total	16	100.0

* * * * * * * * *

TABLE 59: USE A MOBILITY AID? n=16

	n	%
Yes	16	100.0
No	0	0.0
Total	16	100.0

* * * * * * * * *

TABLE 60: WHICH AID(S) AND FULL-TIME OR PART-TIME? (for respondents who said yes in Table 59) (multiple response n=16)

Mobility Aid	Full-time		Part-time	
	n	%	n	%
Cane	1	6.2	3	18.8
Crutches	0	00.0	0	00.0
Walker	2	12.5	3	18.8
Wheelchair/scooter	12	75.0	5	31.2

TABLE 61: ACTIVITIES FOR WHICH ASSISTANCE IS RECEIVED (multiple response n=16)

Activity	n	%
Eating and drinking	5	31.2
Dressing	15	93.8
Washing/bathing	15	93.8
Toileting	11	68.8
Grooming	10	62.5
Getting into/out of bed	11	68.8
*Other	1	6.2

*"Other" response is "turning at night"

* * * * * * * * *

TABLE 62: NUMBER OF HOURS OF CARE REQUIRED PER DAY n=16

Hours	n	%
0	2	12.5
.5-2	3	18.8
2.5-4	3	18.8
4.5-6	3	18.8
6.5-8	1	6.2
24	4	25.0
Total	16	100.1

TABLE 63: TIME ASSISTANCE IS NEEDED
(multiple response n=15)

	n	%
6- 8 a.m.	11	73.3
8-10	14	93.3
10-12 noon	7	46.7
12- 2	11	73.3
2- 4	6	40.0
4- 6	11	73.3
6- 8	8	53.3
8-10	12	80.0
10-12 midnight	10	66.7
12- 6 a.m.	11	73.3
unable to anticipate	1	6.7
No response - 1		

TABLE 64: SERVICES RECEIVED (multiple response n=16)

	n	%
Nursing care	13	81.2
Physical therapy	13	81.2
Speech therapy	0	00.0
Occupational therapy	11	68.8

* * * * * * * * *

TABLE 65: NUMBER OF HOURS PER WEEK (multiple response n=16)

	Zero-Four	Five-Ten	More than ten	Sub-Total	No Response	Total
Nursing care	0	2	5	7	6	13
Physical therapy	3	7	1	11	2	13
Speech therapy	0	0	0	0	0	0
Occupational therapy	6	2	0	8	3	11

* * * * * * * * *

TABLE 66: IF YOU LIVED IN THE COMMUNITY, WOULD YOU REQUIRE ASSISTANCE WITH THE FOLLOWING? (multiple response n=16)

	n	%
Light houskeeping	13	81.2
Meal preparation	12	75.0
Laundry	15	93.8
Grocery shopping	15	93.8
Home/apt. maintenance	15	93.8

SECTION IV: DEMOGRAPHICS

TABLE 67: AGE n=20

	n	%
80-100	0	00.0
70-79	1	5.0
60-69	5	25.0
50-59	4	20.0
40-49	4	20.0
30-39	3	15.0
20-29	3	15.0
10-19	0	00.0
0-9	0	00.0
Total	20	100.0

* * * * * * * * * *

TABLE 68: SEX n=20

	n	%
Male	9	45.0
Female	11	55.0
Total	20	100.0

TABLE 69: MARITAL STATUS n=20

	n	%
Single	9	45.0
Married	6	30.0
Separated	1	5.0
Widowed	4	20.0
Divorced	0	00.0
Common-law	0	00.0
Total	20	100.0

* * * * * * * * * *

TABLE 70: ESTIMATED MONTHLY INCOME IF LIVING IN COMMUNITY n=18

	n	%
0- 450	8	44.4
451- 500	1	5.6
501- 550	0	00.0
551- 600	2	11.1
601- 650	0	00.0
651- 700	1	5.6
701- 750	1	5.6
751- 800	2	11.1
801- 850	0	00.0
851- 900	0	00.0
901-1000	1	5.6
1001+	2	11.1
Sub-total	18	100.1
No response	2	
Total	20	

APPENDICES

APPENDIX A: LETTER TO MUNICIPALITIES

The Social Planning & Research Council of Hamilton and District

155 James St. S., Suite 602, Hamilton, Ont. L8P 3A4 Telephone: 522-1148

April 22, 1985.

Dear _____:

The Social Planning and Research Council is in the process of developing a research study on the housing needs of disabled people in the Hamilton-Wentworth Region. Our preliminary research has indicated that many municipalities have established housing projects for the disabled.

We are contacting you to inquire about research studies on the housing needs of the disabled which may have been conducted in your Region or Municipality.

Specifically, we would like to know the format which was used in the housing needs assessment, that is: sampling techniques, questionnaire design and results of the research. We are also interested in other related research pertaining to the topic of housing needs of disabled people. This could possibly include the issues of accessibility, affordability and attendant care or support services.

We would appreciate receiving copies of the studies that have been conducted in your area. Our budget is limited, however, we are willing to pay some of the cost involved. If there are studies where the costs are high, please contact me. Any other assistance with our project would also be greatly appreciated.

Sincerely,

Anne Hughes,
Research Assistant

AH/ce

APPENDIX B: LIST OF MUNICIPALITIES

Mr. J. Bower,
Director of Planning,
Municipality of Metropolitan
Toronto,
New City Hall,
100 Queen St. W.,
Toronto, Ontario.
M5H 2N1

Mr. J. G. Reid,
Director of Planning,
Regional Municipality of
Ottawa Carleton
222 Queen St.,
Ottawa, Ontario.
K1P 5Z3

Mr. P. Allen,
Director of Planning,
Regional Municipality of Peel,
10 Peel Centre Dr.,
Brampton, Ontario.
L6T 4B9

Mr. W.E. Thomson,
Director of Planning,
Regional Municipality of
Waterloo,
Marsland Centre,
20 Erb St. W.,
Waterloo, Ontario.
N2J 4G7

Mr. H. Weinberg,
Director of Planning,
Regional Municipality of York,
Box 147
62 Bayview Ave.,
Newmarket, Ontario.
L3Y 4W9

Mr. J.K. Atkins,
Director of Planning,
City Hall,
City Hall Square,
Windsor, Ontario.
N9A 6S1

Mr. K.L. Perry,
Director of Planning and Development,
City Hall,
Box 5035,
300 Dufferin Ave.,
London, Ontario.
N6A 4L9

Director of Planning,
County of Simcoe,
Administration Centre,
Midhurst, Ontario.
L0L 1X0

Mr. R.P. Bates,
Director of Planning,
Box 400,
84 Collier St.,
Barrie, Ontario.
L4M 4T5

Mr. I.P. Harper,
Director of Planning,
500 Donald St. E.,
Thunder Bay, Ontario.
P7E 5V3

Mr. E. Cornies,
Director of Planning,
County of Essex,
360 Fairview Ave. W.,
County of Essex, Ontario.
N8M 1Y6

The Social Planning & Research Council of Hamilton and District
155 James St. S., Suite 602, Hamilton, Ont. L8P 3A4 Telephone 522-1148

July 19, 1985

Dear Participant:

We would like you to complete the following questionnaire. It was designed to determine the need for housing and support services for persons who are physically disabled in the Hamilton-Wentworth Region. The information gathered will be used to help develop plans and make recommendations with regards to housing needs.

All of your answers to the questionnaire will be confidential. Any person in the Hamilton-Wentworth Region who has a physical disability that restricts their mobility and/or their housing alternatives can answer the questionnaire. Those with a visual or hearing disability may also participate.

When complete, please mail your questionnaire in the return envelope by August 23rd, 1985. No stamps are required.

If you have any questions about the questionnaire or require more information, please call me at the Social Planning and Research Council, 522-1148.

Thank you for your assistance.

Sincerely,

Anne Hughes

Anne Hughes,
Research Assistant.

AH:sk
Encl. 2

HOUSING FOR PHYSICALLY DISABLED PERSONS

QUESTIONNAIRE

The Social Planning and Research Council in co-operation with the Housing for Physically Disabled Persons Advisory Committee is conducting this survey. It will determine the need for housing for physically disabled persons in the Hamilton-Wentworth Region. In addition, we hope to find out what type of housing is required; what modifications are needed to make a unit accessible; and what support services are necessary to enable physically disabled persons to live in the community.

The questionnaire is divided into four sections as follows:

Section I : Present Living Situation
Section II : Housing Preferences
Section III: Support Care Requirements
Section IV: Personal Information

If you are unable to complete the questionnaire due to poor eyesight or any other difficulty, you may have a friend or relative assist you.

INSTRUCTIONS:

1. Please answer each question by checking the appropriate box(es) or by writing your answer in the space provided. Not all of the questions will apply to you. If they do not apply, please continue on to the next question unless you are instructed otherwise.

2. Parents of Disabled Children:

   Please answer only those questions that are applicable to your housing and care situation. Also, you are free to comment on any concerns you may have about your future housing needs.

3. "IF YOU RECEIVE MORE THAN ONE QUESTIONNAIRE":

   We have attempted to avoid duplicate mailings of the questionnaire, however if you did receive more than one copy, please answer only one.

SECTION I: PRESENT LIVING SITUATION

In this section, we would like some information about where you are presently living.

---

1. a) In what type of place are you presently living? (Please check one)

( ) Single Family Home
( ) Apartment
( ) Townhouse/Rowhouse
( ) Group Home
( ) Senior Citizens' Residence
( ) Other (please specify)_____

_____

If apartment, do you live above the eighth floor? (Please check one)

( ) Yes ( ) No

b) Do you own or rent your dwelling? (Please check one)

( ) Own
( ) Rent

2. How many bedrooms do you have? (Please indicate number)

_____bedrooms

3. In which area of the Hamilton-Wentworth Region do you live now and in which area would you prefer to live? (Please check one in each column.)

Live Now	Prefer to Live	
( )	( )	Ancaster
( )	( )	Dundas
( )	( )	Flamborough (includes Waterdown)
( )	( )	Glanbrook (includes Mount Hope)
( )	( )	Hamilton
( )	( )	Stoney Creek

If in Hamilton, in which area of the City do you live now and in which area would you prefer to live? (Please check one in each column.)

Live Now	Prefer to Live	
( )	( )	Downtown Core
( )	( )	East End
( )	( )	West End
( )	( )	North End
( )	( )	East Mountain
( )	( )	West Mountain

4. Do you have any of the following modifications in your dwelling, and do you need any of the following modifications? (Please check one column for each item that applies.)

Kitchen		
Have	Don't Have But Need	
( )	( )	Adjusted countertops
( )	( )	Lowered cupboards
( )	( )	Leg space under sink
( )	( )	Leg space under cupboards
( )	( )	Insulated pipes under sink
( )	( )	Raised indicators on stove
( )	( )	Front control stove
( )	( )	Other (please specify) _____

_____

Bathroom

Have	Don't Have But Need	
( )	( )	Grab-rail bars
( )	( )	Special fixtures (i.e. long-handled taps)
( )	( )	Leg space under sink
( )	( )	Insulated pipes under sink
( )	( )	Wheel-in shower
( )	( )	Other (please specify) _____

_____

General

Have	Don't Have But Need	
( )	( )	Ramps
( )	( )	Wider doorways
( )	( )	Light switches/electrical outlets relocated
( )	( )	Elevator bell to indicate floors
( )	( )	Safety feature on elevator doors
( )	( )	Flashing light on fire alarms
( )	( )	Flashing light for doors/intercom
( )	( )	Lowered rods in closet
( )	( )	Accessible parking
( )	( )	Accessible laundry facilities
( )	( )	Other (please specify) _____

_____

5. What are the reasons for not making the modifications that you need, if any, in your current dwelling? (Please check all that apply.)

( ) not applicable/not needed
( ) too expensive
( ) need information on changes required
( ) need help to do the changes required
( ) landlord will not allow
( ) temporary accommodation
( ) other (please specify) _____

_____

6. Are you presently living in a housing unit that is government assisted or subsidized? (Please check one)

( ) Yes
( ) No →

If no, are you presently on a waiting list for government assisted housing? (Please check)

( ) Yes →
( ) No

If yes, which waiting list(s) are you presently on and how long have you been on the list? (Please check all that apply and indicate number of months.)

( ) Hamilton-Wentworth Housing Authority ____ months
( ) Kiwanis Non-Profit Homes ____ months
( ) Victoria Park Community Homes Inc. ____ months
( ) Urban Native Homes Inc. ____ months
( ) Co-op (please specify) ____ months

_____

( ) Other (please specify) ____ months

_____

7. Do you have a medical disability that is made worse by your present dwelling (for example, a heart condition or muscular disability where you must use stairs)? (Please check one)

( ) Yes

( ) No

8. Is there anything about your present dwelling that is hazardous to your health or safety? (e.g. faulty wiring, falling plaster, no fire exits, broken stairs, etc.) (Please check one)

( ) Yes

( ) No

If yes, please specify hazard. (Write answer below)

_____

_____

9. Is your heating system adequate (for example, in good working order)? (Please check one)

( ) Yes

( ) No

10. Are you satisfied with where you are presently living? (Please check one)

( ) Yes

( ) No

If no, why are you not satisfied? (Please write answer below.)

_____

_____

_____

_____

_____

_____

_____

11. Would you like to move to another dwelling? (Please check one)

( ) Yes

( ) No - continue to Section III, p.10

If yes, what is preventing you from moving? (Please write answer below)

_____

_____

_____

_____

- continue to Section II below

SECTION II: HOUSING PREFERENCE

In this section, we would like to find out what type of housing you would like and what is important to you when you look for a place to live.

Definition: SUPPORT CARE SERVICES include nursing care, non-medical attendant care, homemaking and home maintenance.

---

12. In what type of place would you prefer to live? (Please check one)

( ) a modified apartment

Would you require support care services? (Please check)

( ) Yes

( ) No - continue to question 13, p. 8

( ) a modified house

Would you require support care services? (Please check)

( ) Yes

( ) No - continue to question 13, p. 8

( ) a modified one-level townhouse →

would you require support care services? (Please check)	
( ) Yes	
( ) No	- continue to question 13

( ) senior citizens' residence →

Would you require support care services? (Please check)	
( ) Yes	
( ) No	- continue to question 13

( ) a small shared dwelling of 3 to 10 physically disabled persons. →

Would you require support care services? (Please check)	
( ) Yes	
( ) No	- continue to question 14

( ) a large shared dwelling with about 30 physically disabled persons, and on-site support care. (continue to question 14)

( ) a nursing home (continue to question 14)

( ) a chronic care hospital (continue to question 14)

( ) other (please specify) _____

_____

13. How many bedrooms would you require? (Please indicate number)

_____bedrooms

14. In moving to another dwelling, would you require a program that helps you learn how to be self-dependent? Such a program might include information about how to look for work, how to manage your money, how to hire and direct an attendant and how to develop personal and home-making skills. (Please check one)

( ) Yes

( ) No

15. In looking for another place to live, which of the following would be important to you? (Please check one column for each item)

Important	Not Important	
( )	( )	a) 24-hour on-site support care
( )	( )	b) wheelchair accessible dwelling
( )	( )	c) central registry for locating modified housing
( )	( )	d) financial assistance for rent
( )	( )	e) financial assistance for modifications
( )	( )	f) flexible hours for support care
( )	( )	g) financial assistance for support care

Which of the above would you choose as the three most important? (Please write the letters of your choice below.)

1. _____ 2. _____ 3. _____

16. If you would like to comment about other items which are important to you when looking for a place to live, please do so in the space provided.

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

SECTION III: SUPPORT CARE REQUIREMENTS

In this section, we would like some information about your disability and the kinds of support care requirements that you have.

Definitions: SUPPORT CARE SERVICES include nursing care, non-medical attendant care, homemaking and home maintenance.

---

17. What is your diagnosed disability? (Please check all that apply.)

( ) Spinal cord injury	( ) Multiple Sclerosis
( ) Spina bifida	( ) Polio
( ) Cerebral palsy	( ) Cancer
( ) Muscular dystrophy	( ) Blindness
( ) Stroke damage	( ) Deafness
( ) Head injury	( ) Epilepsy
( ) Amputation	( ) Diabetes
( ) Arthritis	( ) Other (please specify)

_____

18. Do you use a mobility aid? (Please check one)

( ) Yes →
( ) No

If yes, which aid(s) do you use? (Please check all that apply and whether full-time or part-time)

Full-time	Part-time	
( )	( )	Cane
( )	( )	Crutches
( )	( )	Walker
( )	( )	Wheelchair/Power Scooter
( )	( )	Other (please specify)

_____

19a. Do you receive any assistance from an attendant and/or family/friends with the following activities? (Please check yes or no for each item.)

Yes	No	
( )	( )	Eating and drinking
( )	( )	Dressing
( )	( )	Washing/bathing
( )	( )	Toileting
( )	( )	Grooming
( )	( )	Getting into/out of bed, chairs, etc.
( )	( )	Light housekeeping
( )	( )	Meal preparation
( )	( )	Laundry
( )	( )	Grocery shopping
( )	( )	Home maintenance
( )	( )	Other (please specify)

_____

19b. How many hours per day do you require assistance from an attendant and/or family/friends with the above activities? (Please indicate number)

_____ hours per day

19c. At what time of day or night do you usually require assistance from an attendant and/or family/friends with the above activities? (Please check all times that apply.)

( ) 6 a.m. to 8 a.m.
( ) 8 a.m. to 10 a.m.
( ) 10 a.m. to 12 noon
( ) 12 noon to 2 p.m.
( ) 2 p.m. to 4 p.m.
( ) 4 p.m. to 6 p.m.
( ) 6 p.m. to 8 p.m.
( ) 8 p.m. to 10 p.m.
( ) 10 p.m. to 12 midnight
( ) 12 midnight to 6 a.m.
( ) unable to anticipate time

20. Do you receive any of the following services? (Please check yes or no for each item.) If yes, please indicate the number of visits per week.

Yes	No		
( )	( )	Nursing care	_____ visits per week
( )	( )	Physical therapy	_____ visits per week
( )	( )	Speech therapy	_____ visits per week
( )	( )	Occupational therapy	_____ visits per week

21. During the past year, have you used any relief type of service that allows you and/or your care-giver to have a rest or vacation.

( ) Yes

( ) No

If no, why not? (Please check one)

( ) Service not needed/wanted
( ) Service not available
( ) Service too expensive
( ) Did not know about service
( ) Other (Please specify) _____

_____

22. What is your current source(s) of support care service? (Please check all that apply.)

( ) Family/friends
( ) Home Care Program
( ) D.A.R.T.S.
( ) Meals-on-Wheels
( ) Victorian Order of Nurses
( ) Extend-A-Family
( ) Visiting Homemakers' Association
( ) Helping Hands
( ) Private Attendant
( ) Other (please specify) _____

_____

23. Are you satisfied with the way your support care service needs are being met? (Please check one)

( ) Yes

( ) No → If no, please state the reason(s) why?

_____

_____

_____

_____

_____

_____

_____

SECTION IV: PERSONAL INFORMATION

Finally, we would like some information about the characteristics of you and your family. Keep in mind that all of the information will be confidential.

---

24. In what year were you born? (Please fill in)

Year 19____

25. Your sex is? (Please check one)

( ) Male

( ) Female

26. What is your present marital status? (Please check one)

( ) Single
( ) Married
( ) Separated
( ) Other (please specify) _____

27. For everyone in your family who lives with you, please state their relationship to you and check if they are under 6 years of age.

Relationship (e.g. husband, mother, brother, daughter) DO NOT WRITE NAMES	Under 6 years of age (Please check if yes)
1. _____	( )
2. _____	( )
3. _____	( )
4. _____	( )
5. _____	( )

28. Please estimate the gross monthly income of you and your family. (Please enter amount)

$ _____ per month

29. Are you in temporary emergency housing? (Please check one)

( ) Yes
( ) No →

If no, approximately how much do you pay per month for the following: (Please enter amounts that apply)

Rent $ _____ per month
Gas/Oil $ _____ per month
Hydro $ _____ per month
Water $ _____ per month

30. Do you have any other comments about your needs for housing and/or support care services?

_____

_____

_____

_____

_____

_____

_____

_____

OPTIONAL INFORMATION:

If you wish to include your name and address, the Housing for Physically Disabled Persons Advisory Committee will follow-up your needs for housing and/or support care services.

NAME: _____ Phone: _____

ADDRESS: _____

_____

THANK YOU FOR YOUR CO-OPERATION:

PLEASE RETURN YOUR COMPLETED QUESTIONNAIRE IN THE ENVELOPE PROVIDED TO THE:

SOCIAL PLANNING AND RESEARCH COUNCIL
155 James Street South, Suite 602,
Hamilton, Ontario.
L8P 3A4

NO STAMPS ARE REQUIRED

APPENDIX D: INSTITUTION QUESTIONNAIRE

HOUSING FOR PHYSICALLY DISABLED PERSONS

QUESTIONNAIRE

The Social Planning and Research Council in co-operation with the Housing for Physically Disabled Persons Advisory Committee is conducting this survey. It will determine the need for housing for physically disabled persons in the Hamilton-Wentworth Region. In addition, we hope to find out what type of housing is required; what modifications are needed to make a unit accessible; and what support services are necessary to enable physically disabled persons to live in the community.

The questionnaire is divided into four sections as follows.

Section I : Present Living Situation
Section II : Housing Preferences
Section III: Support Care Requirements
Section IV : Personal Information

If you are unable to complete the questionnaire due to poor eyesight or any other difficulty, you may have a friend or relative assist you.

INSTRUCTIONS:

1. Please answer each question by checking the appropriate box(es) or by writing your answer in the space provided. Not all of the questions will apply to you. If they do not apply, please continue on to the next question - unless you are instructed otherwise.

2. "IF YOU RECEIVE MORE THAN ONE QUESTIONNAIRE":

   We have attempted to avoid duplicate mailings of the questionnaire however, if you did receive more than one copy, please answer only one.

SECTION 1: PRESENT LIVING SITUATION

In this section, we would like some information about where you are presently living.

Definition: SUPPORT CARE SERVICES include nursing care, non-medical attendant care, homemaking and home maintenance.

---

1. In what type of place are you presently living? (Please check one)

   ( ) in large shared dwelling with about 30 other physically disabled persons and on-site support care

   ( ) in a nursing home

   ( ) in a rehabilitation hospital or unit

   ( ) in a chronic care hospital

   ( ) other (please specify) _____

   _____

2. What is the main reason(s) you are living there? (Please write your answer below.)

   _____

   _____

   _____

   _____

   _____

   _____

   _____

   _____

3. In the past year, have you applied or looked for other housing in the community? (Please check one)

   ( ) Yes

   ( ) No

   If yes, where did you look or apply to?

   _____

   _____

   _____

4. If you were to move into the community, in which area of the Hamilton-Wentworth Region would you prefer to live? (Please check one)

Prefer to Live	
( )	Ancaster
( )	Dundas
( )	Flamborough (includes Waterdown)
( )	Glanbrook (includes Mount Hope)
( )	Hamilton →
( )	Stoney Creek

If in Hamilton, in which area of the City would you prefer to live? (Please check one)

Prefer to Live	
( )	Downtown Core
( )	East End
( )	West End
( )	North End
( )	East Mountain
( )	West Mountain

5. Are you satisfied with where you are presently living? (Please check one)

( ) Yes

( ) No →

If no, why are you not satisfied? (Please write your answer below.)

_____

_____

_____

_____

_____

_____

_____

6. Assuming that the appropriate finances were available and that you could get the support care that you need, would you like to move to another dwelling? (Please check one)

( ) Yes - continue to Section II below

( ) No - continue to Section IV p. 9

SECTION II: HOUSING PREFERENCE

In this section, we would like to find out what type of housing you would like and what is important to you when you are looking for a place to live.

Definition: SUPPORT CARE SERVICES include nursing care, non-medical attendant care, homemaking and home maintenance.

---

7. In what type of place (rental/subsidized) would you prefer to live? (Please check one)

( ) a modified apartment →

Would you require support care services? (Please check)
( ) Yes
( ) No

( ) a modified house →

Would you require support care services? (Please check)
( ) Yes
( ) No

( ) a modified one-level townhouse →

Would you require support care services? (Please check)
( ) Yes
( ) No

( ) a senior citizens' residence →

Would you require support care services? (Please check)
( ) Yes
( ) No

( ) a small shared dwelling of 3 to 10 physically disabled persons ——→

Would you require support care services? (Please check)
( ) Yes
( ) No

( ) a large shared dwelling with about 30 physically disabled persons and on-site support care

( ) a nursing home

( ) a chronic care hospital

( ) other (please specify) _____

_____

8. In moving to another dwelling, would you require a program that helps you to learn how to be self-dependent? Such a program might include information about how to look for work, how to manage your money, how to hire and direct an attendant and how to develop personal and homemaking skills? (Please check one)

( ) Yes

( ) No

9. If you were to move to another dwelling in the community, what modifications do you think you might need? (Please check one column for each item.)

Kitchen

Need	Don't Need	
( )	( )	Adjusted countertops
( )	( )	Lowered cupboards
( )	( )	Leg space under cupboards
( )	( )	Leg space under sink
( )	( )	Insulated pipes under sink
( )	( )	Front control stove
( )	( )	Raised indicators on stove
( )	( )	Other (please specify) _____

_____

Bathroom

Need	Don't Need	
( )	( )	Grab-rail bars
( )	( )	Special fixtures (e.g. long-handled taps)
( )	( )	Leg space under sink
( )	( )	Insulated pipes under sink
( )	( )	Wheel-in shower
( )	( )	Other (please specify) _____

Need	General Don't Need	
( )	( )	Ramps
( )	( )	Wider doorways
( )	( )	Light switches/electrical outlets relocated
( )	( )	Lever-type door handles
( )	( )	Elevator bell to indicate floor
( )	( )	Safety feature on elevator doors
( )	( )	Flashing light on fire alarms
( )	( )	Flashing light for doors/intercom
( )	( )	Lowered rods in closet
( )	( )	Accessible parking
( )	( )	Accessible laundry facilities
( )	( )	Other (please specify) _____

_____

10a. In looking for another place to live, which of the following would be important to you? (Please check one column for each time.)

Important	Not Important	
( )	( )	a) 24-hour on-site support care
( )	( )	b) wheelchair accessible dwelling
( )	( )	c) central registry for locating modified housing
( )	( )	d) financial assistance for rent
( )	( )	e) financial assistance for modifications
( )	( )	f) flexible hours for support care
( )	( )	g) financial assistance for support care

10b. Which of the above would you choose as the three most important. (Please write the letters of your choice below.)

1. _____ 2. _____ 3. _____

11. If you would like to comment about other items which would be important to you when considering moving to live in the community, please do so in the space provided.

_____

_____

_____

_____

_____

_____

_____

_____

SECTION III: SUPPORT CARE REQUIREMENTS

In this section, we would like some information about your disability and the kinds of support care that you require.

Definition: SUPPORT CARE SERVICES include nursing care, non-medical attendant care, homemaking and home maintenance.

---

12. What is your diagnosed disability? (Please check all that apply.)

( ) Spinal cord injury
( ) Spina bifida
( ) Cerebral palsy
( ) Muscular dystrophy
( ) Stroke damage
( ) Head injury
( ) Amputation
( ) Arthritis
( ) Multiple sclerosis
( ) Polio
( ) Cancer
( ) Blindness
( ) Deafness
( ) Epilepsy
( ) Diabetes
( ) Other (please specify)

_____

13. Do you presently feel that you are capable of living in the community if you have adequate housing and support care services? (Please check one.)

( ) Yes

( ) No

14. Do you use a mobility aid(s). (Please check one.)

( ) Yes

( ) No

If yes, which aid(s) do you use? (Please check all that apply and whether full-time or part-time.)

Full-time	Part-time	
( )	( )	Cane
( )	( )	Crutches
( )	( )	Walker
( )	( )	Wheelchair/Power Scooter
( )	( )	Other (please specify) _____

15. Do you receive any assistance with the following activities? (Please check yes or no for each item.)

Yes	No	
( )	( )	Eating and drinking
( )	( )	Dressing
( )	( )	Washing/bathing
( )	( )	Toileting
( )	( )	Grooming
( )	( )	Getting into/out of bed, chairs, etc.
( )	( )	Other (please specify) _____

_____

16. How many hours per day do you require assistance with the above activities? (Please indicate number.)

_____ hours per day

17. At what time of day or night do you require assistance with the activities listed in Question 15. (Please check all times that apply.)

( )	6 a.m. to 8 a.m.	( )	4 p.m. to 6 p.m.
( )	8 a.m. to 10 a.m.	( )	6 p.m. to 8 p.m.
( )	10 a.m. to 12 noon	( )	8 p.m. to 10 p.m.
( )	12 noon to 2 p.m.	( )	10 p.m. to 12 midnight
( )	2 p.m. to 4 p.m.	( )	12 midnight to 6 a.m.

18. Do you receive any of the following services? (Please check yes or no for each.) If yes, please estimate the number of hours per week for each item.

Yes	No		
( )	( )	Nursing care	_____hours per week
( )	( )	Physical therapy	_____hours per week
( )	( )	Speech therapy	_____hours per week
( )	( )	Occupational therapy	_____hours per week
( )	( )	Other (please specify)	_____hours per week

_____

19. If you moved to live in the community, would you require assistance with any of the following? (Please check yes, no, or don't know for each item.)

Yes	No	Don't Know	
( )	( )	( )	Light housekeeping
( )	( )	( )	Meal preparation
( )	( )	( )	Laundry
( )	( )	( )	Grocery shopping
( )	( )	( )	Home, apartment maintenance

SECTION IV: PERSONAL INFORMATION

Finally, we would like some information about you. Keep in mind that all of the information will be confidential.

---

20. In what year were you born? (Please fill in)

Year 19____

21. Your sex is? (Please check one)

( ) Male

( ) Female

22. What is your present marital status? (Please check one)

( ) Single

( ) Married

( ) Separated

( ) Other (please specify) _____

23. What would your estimated income be if you were living in the community? (Please enter amount)

$_____per month

24. If you have any other comments about your needs for housing and/or support care, please add them in the space provided.

_____

_____

_____

_____

_____

_____

OPTIONAL INFORMATION:

If you wish to include your name and address, the Housing for Disabled Persons Advisory Committee will follow-up your needs for housing and/or support care services.

NAME: _____ Phone: _____

ADDRESS: _____

_____

THANK YOU FOR YOUR CO-OPERATION:

PLEASE RETURN YOUR COMPLETED QUESTIONNAIRE IN THE ENVELOPE PROVIDED TO THE

SOCIAL PLANNING AND RESEARCH COUNCIL
155 James Street South, Suite 602,
Hamilton, Ontario L8P 3A4

NO STAMPS ARE REQUIRED

APPENDIX E: LETTER INITIALLY MAILED TO AGENCIES AND SERVICES

The Social Planning & Research Council of Hamilton and District

155 James St. S., Suite 602, Hamilton, Ont. L8P 3A4 Telephone: 522-1148

The Social Planning and Research Council in co-operation with a community steering committee (Home Care, Ontario March of Dimes, Amity Goodwill Industries, McQuesten Legal and Community Services and Regional Advisory Committee for the Physically Disabled) is conducting a research study on the housing and support service needs of physically disabled persons in the Regional Municipality of Hamilton-Wentworth. The study will attempt to determine and document the actual need for housing as well as to define the community services and financial assistance necessary to support disabled persons in this housing. A self-administered questionnaire which will be distributed in early July will form the basis of the study.

Since there is currently little data available on the characteristics of the total physically disabled population in the Region, a survey of a large size is needed to facilitate the study. A large sample size will enhance the reliability of our research and ensure that it is an accurate representation of the physically disabled population of the Region.

We are requesting your assistance in helping us to contact a sample of the physically disabled population in the Region. We will supply the questionnaires, stamps and envelopes, but we need your assistance in forwarding the questionnaires to the physically disabled persons for whom you have names and addresses or who are currently in your service/program. This procedure would ensure the confidentiality of those participating. In the event that addresses are unavailable (as may be the case for some clubs and recreational programs), we would ask that you distribute the questionnaires at a meeting or planned activity.

We will be contacting you in the near future to arrange for your assistance. If you have any questions or would like to know more about the study, please do not hesitate to call.

Sincerely,

Anne Hughes, Research Assistant

Linda Hubert, Research Technician

APPENDIX F: LIST OF AGENCIES AND SERVICES THAT PARTICIPATED IN THE RESEARCH

Amity Goodwill Industries, Inc.

Ancaster Meals-on-Wheels

Arthritis Society

Beacon Hill Lodges

Canadian Hearing Society

Canadian National Institute for the Blind

Cerebral Palsy Centre

Chedoke - Day Program

Easter Seal Society

First Place

Hamilton & District Extend-a-Family

Hamilton Handicapped Club

Hamilton Public Library

Hamilton Quadraplegic Social Club

Hamilton-Wentworth Housing Authority

Henderson (Regional Amputee Clinic)

Heritage Green

Home Care

Meals-on-Wheels Hamilton and Stoney Creek

Multiple Sclerosis Clinic

Multiple Sclerosis Society

Ontario Cerebral Palsy Sports Association

Ontario March of Dimes

Ontario Ministry of Community and Social Services

Participation House

Spinal Cord Society

Social Planning and Policy Department Division of the Social Services Department of the Regional Municipality of Hamilton-Wentworth

Steel City Wheelers

Twenty Emerald North and Vocational Rehabilitation

United Disabled Consumers

Victoria Park Community Homes

Victoria Wheelchair Maintenance

Visiting Homemakers Association

Welcome Inn

Y.M.C.A.

Y.W.C.A.

APPENDIX G: PRESS RELEASE

The Social Planning & Research Council of Hamilton and District

155 James St. S., Suite 602, Hamilton, Ont. L8P 3A4 Telephone 522-1148

August 6, 1985

Dear Editor:

The Social Planning and Research Council would appreciate your co-operation in publicizing the enclosed press release. The Council is conducting a research study on housing and support care services for physically disabled people in the Hamilton-Wentworth Region.

Going into the study, it appears that the main housing issues include:

1. accessibility of the housing unit and the community;
2. affordability of housing; and,
3. availability of support care services.

Through our research, we hope to determine the need for housing and what modifications and support services are necessary to enable physically disabled persons to live in the community.

Housing units that are labelled as accessible often only have one or two specific modifications. They are not totally accessible for wheelchair use. No matter how accessible an apartment or house is, it can still be a problem if it is located in an area where other facilities such as stores and banks are far away or inacessible.

Many disabled people on a disability pension cannot afford to pay market rents for an apartment. Therefore, they must rely on government assisted projects where waiting lists may be long and regulations often impede their being housed.

The need for and cost of support care services also can be a problem for physically disabled people who want to live in the community.

The information gathered will first go to the Community Steering Committee that is advising the research study. Recommendations will then be taken to the Regional Advisory Committee for the Physically Disabled.

Thank you for your assistance in publicizing this information.

Sincerely,

Anne Hughes,
Research Assistant

AH:sk
Encl.1

Appendix G: Press Release cont'd

The Social Planning & Research Council of Hamilton and District

155 James St. S., Suite 602, Hamilton, Ont. L8P 3A4 Telephone: 522-1148

August 6, 1985.
For Immediate Release

For further information, contact:

Anne Hughes, Research Assistant - 522-1148
Linda Hubert, Research Technician - 522-1148

The Social Planning and Research Council is conducting a research study on the housing and support service needs of physically disabled persons in the Hamilton-Wentworth Region. If you are interested in participating by completing a confidential questionnaire and have not yet received one, please call 522-1148.

-30-

APPENDIX H: LIST OF NURSING HOMES

St. Elizabeth Village

Victoria Rest Home

St. Olga's Nursing Home

Clarion Nursing Home

Beacon Hill Lodges of Canada Ltd.

Grace Villa

Brownstone Nursing Home

The Social Planning & Research Council of Hamilton and District
155 James St. S., Suite 602, Hamilton, Ont. L8P 3A4 Telephone: 522-1148

June 4, 1985.

Dear Administrator:

The Social Planning and Research Council in co-operation with a community steering committee (Home Care, March of Dimes, Amity Goodwill Industries, Inc, McQuesten Legal and Community Services and Regional Advisory Committee for the Physically Disabled) is conducting a research study on the housing and support service needs of physically disabled persons in the Regional Municipality of Hamilton-Wentworth. The study will attempt to determine and document the actual need for housing as well as to define the community services and financial assistance necessary to support disabled persons in this housing.

As part of our study, we are trying to locate those physically disabled individuals who are presently residing in chronic care institutions (or similar settings), but who could be living independently in the community if adequate housing, support services and funding were available.

Of particular interest are those physically disabled adults under the age of 65 who are living in nursing homes or other institutions simply because other more suitable accommodations are unavailable. We are requesting your assistance in locating persons fitting the above description so that they may participate in our study.

We will be contacting you in the near future to determine if any of the residents in your nursing home are physically disabled and under the age of 65. We would like to send a self-administered questionnaire to these residents as part of our study. Should you have any questions or require more information in the interim, please do not hesitate to call.

Sincerely,

Anne Hughes, Research Assistant

Linda Hubert, Research Technician

APPENDIX J: KEY INFORMANT QUESTIONNAIRE

The Social Planning & Research Council of Hamilton and District

155 James St. S., Suite 602, Hamilton, Ont. L8P 3A4 Telephone 522-1148

August 8, 1985

Dear Agency/Organization:

The Social Planning and Research Council, in co-operation with the Housing for Physically Disabled Persons Advisory Committee is conducting this survey. The purpose of the survey is to determine the need for housing and support care services for physically disabled persons in the Hamilton-Wentworth Region.

In addition to obtaining information from physically disabled persons in the community, we would like to obtain the perspectives of the agencies/organizations that are involved with or provide service to physically disabled people. The information gathered will be used to develop plans and make recommendations about housing and support care needs.

We would appreciate your taking the time to respond to the enclosed questionnaire, detailing your knowledge of and concerns about housing and support care services for physically disabled persons.

All of your answers to the questionnaire will be confidential. Please mail the completed questionnaire in the return envelope by August 30, 1985. If you have any questions about the questionnaire or require more information, please call us at the Social Planning and Research Council, 522-1148.

Thank you for your assistance.

Sincerely,

Anne Hughes

Anne Hughes
Research Assistant

Linda Hubert

Linda Hubert
Research Technician

AH/LH/kg

HOUSING FOR PHYSICALLY DISABLED PERSONS

SURVEY OF KEY INFORMANTS

NAME OF AGENCY/ORGANIZATION: _____

_____

ADDRESS: _____

_____

CONTACT PERSON: _____
(name)

_____
(title)

TELEPHONE: _____

DATE: _____

INSTRUCTIONS: All answers to the questionnaire will be confidential. Please note that not all of the questions may be applicable to your agency/organization; such questions can be marked 'N/A' (not applicable).

Please return the questionnaire in the return envelope by August 30, 1985.

DEFINITION: PHYSICALLY DISABLED PERSON:

A person with a medically identifiable disability that results in manipulation and/or mobility restrictions. The disability would be severe enough to require modifications to a housing unit to permit community living. The physically disabled person may need assistance with basic daily living activities such as eating, dressing, grooming and bathing. This definition includes those with sensory disabilities (visually impaired and hearing impaired).

1. Very briefly, please describe the type of service(s) that your agency/ organization provides with respect to physically disabled persons in the Hamilton-Wentworth Region.

_____

_____

_____

_____

_____

_____

2. Are available housing options in the Hamilton-Wentworth Region adequate for the physically disabled group with whom you are familiar? (Please check one)

( ) Yes ( ) No → ( ) Not sure

a) If no, briefly outline the problems that you perceive.

_____

_____

_____

_____

b) What solutions to these problems can you suggest?

_____

_____

_____

_____

3. Is the provision of support care services for the physically disabled adequate? (Please check one)

( ) Yes ( ) No → ( ) Not sure

a) If not, briefly outline the problems that you perceive.

b) What solutions to these problems can you suggest?

4. Some physically disabled individuals have the ability to live independently but are not given the opportunity to do so because housing and support care services are inadequate. Do you agree with this statement? (Please check one)

( ) Yes → ( ) No ( ) Not sure

a) If yes, please explain.

b) What solutions can you suggest?

5. From your perspective, how would you rate the importance of each of the following as needs in the area of accommodation and personal support care for physically disabled persons. (Please check one category for each item listed.)

	Great Need	Some Need	No Need	Don't Know
a) Chronic care beds				
b) Nursing home beds				
c) Group homes with non-medical support care				
d) Accessible dwellings				
e) Accessible dwellings with flexible hours of support care				
f) Accessible dwellings with 24-hour support care on site				
g) Family relief care options				
h) Day programs				
i) Life skills training programs where disabled can learn to live independently				
j) Financial assistance for attendant care (non-medical)				
k) Financial assistance for rent				
l) Financial assistance for modifications to dwellings				
m) Central registry for locating accessible dwellings				
n) Accessible public transportation				
o) Other (please specify) _____				
p) Other (please specify) _____ _____				
q) _____ _____				

6. a) In your opinion, which of the items listed in question 5 would you priorize as the three most important needs. (Please write the corresponding letter of your choice below.)

Priority 1: _____

Priority 2: _____

Priority 3: _____

b) For each of the needs you have identified as a priority, please describe your concerns, if any, and any solutions or suggestions you may have.

Priority 1: _____

_____

_____

_____

Priority 2: _____

_____

_____

_____

Priority 3: _____

_____

_____

_____

7. Please estimate how many people in your membership/caseload currently require a rent subsidized accessible unit. (Please indicate number)

_____

Of these, please estimate how many would require support care in that unit? (Please indicate number)

_____

8. We welcome your detailed comments on any of the issues discussed here or any related issues not covered above.

THANK YOU FOR YOUR CO-OPERATION

Please return completed questionnaire in the stamped, self-addressed envelope to the:

Social Planning and Research Council of Hamilton and District,
155 James Street South,
Suite 602,
Hamilton, Ontario.
L8P 3A4

APPENDIX K: ACCESSIBLE RENTAL HOUSING SUMMARY SHEET

(Sample)

PROJECT NO. 1

ADDRESS: 77 Purnell Drive,
Hamilton, Ontario.

OWNER: Ontario Housing Corporation

CONTACT PERSON: TELEPHONE:

TYPE OF UNIT(S): Townhouse (2 Storey) # OF BEDROOMS: 3

TYPE OF RENT: Rent geared to income

CLASSIFICATION: 1 (wheelchair accessible)

ACCESSIBLE FEATURES:

	YES	NO
A. PARKING		
(a) Available		X
(b) Underground/Garage		X
(c) Close to entrance		X
B. ENTRANCE AND ACCESS	X	
(a) Main building door accessible	X	
(b) Unit accessible	X	
(c) Chair lift	X	
C. BATHROOM		
(a) Accessible bath		X
(b) Toilet grab bars		X
(c) Clearance under wash basin	X	
D. KITCHEN		
(a) Knee space under counters		X
(b) Lowered cabinets		X
E. LIVING SPACES		
(a) Bedroom accessible	X	
(b) Living and dining areas accessible	X	
F. AMENITIES		
(a) Laundry facilities accessible		X
(b) Clothes rods & shelves accessible		X
(c) Mail box and/or room accessible		X

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